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| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:              | Identify Yourself   |  |   |
|-----|--------------------|---|--|---|
|     |                    |   | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                | r full name   |  |   |
|     | your               | e the name that is on<br>government-issued<br>are identification (for                                 | Luba First name                                | First name                                    |
|     | exar               | nple, your driver's use or passport).   | Middle name                                    | Middle name                                   |
|     | iden               | g your picture<br>tification to your<br>ting with the trustee.  | Manos Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                    | other names you have<br>d in the last 8 years   |  |   |
|     |                    | ide your married or<br>den names.   |  |   |
| 3.  | you<br>num<br>Indi | y the last 4 digits of<br>r Social Security<br>ber or federal<br>vidual Taxpayer<br>tification number | xxx-xx-0819                                    |   |

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Debtor 1 Luba Manos Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|----|--|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |
| 5. | Where you live   | 484 Fairfax Lane  | If Debtor 2 lives at a different address:   |  |  |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |
|    |  | Lake<br>County  | County  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address. |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:  |  |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                    |  |  |
|    |  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  |  |  |
|    |  |   |   |  |  |

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Case number (if known) Debtor 1 Luba Manos

| oar | t 2: Tell the Court About   | Your E    | 3ankruptcy Ca | ise                               |  |  |                      |
|-----|---|-----------|---------------|-----------------------------------|--|--|----------------------|
| 7.  | The chapter of the Bankruptcy Code you are  |           |               |                                   | of each, see <i>Notice Require</i> f page 1 and check the appr | ed by 11 U.S.C. § 342(b) for Individuals Filir<br>opriate box.   | ng for Bankruptcy    |
|     | choosing to file under  | Chapter 7 |               |                                   |  |  |                      |
|     |   |           | Chapter 11    |                                   |  |  |                      |
|     |   |           | Chapter 12    |                                   |  |  |                      |
|     |   |           | Chapter 13    |                                   |  |  |                      |
|     |   |           |               |                                   |  |  |                      |
| 3.  | How you will pay the fee  |           | about how yo  | u may pay. Typ<br>attorney is sub | pically, if you are paying the                                 | e check with the clerk's office in your local co<br>fee yourself, you may pay with cash, cashie<br>ir behalf, your attorney may pay with a credi | er's check, or money |
|     |   |           |               |                                   | tallments. If you choose this ts (Official Form 103A).         | s option, sign and attach the Application for  | Individuals to Pay   |
|     |   |           | I request tha | t my fee be wa                    | aived (You may request this                                    | option only if you are filing for Chapter 7. B   |                      |
|     |   |           |               |                                   |  | y if your income is less than 150% of the off<br>efee in installments). If you choose this option  |                      |
|     |   |           |               |                                   |  | (Official Form 103B) and file it with your pe  |                      |
|     |   |           |               |                                   |  |  |                      |
| ).  | Have you filed for bankruptcy within the  | ■ N       | 0.            |                                   |  |  |                      |
|     | last 8 years?   | ☐ Y       | es.           |                                   |  |  |                      |
|     |   |           | District      |                                   | When   | Case number  |                      |
|     |   |           | District      |                                   | When   | Case number  |                      |
|     |   |           | District      |                                   | When   | Case number  |                      |
|     |   |           |               |                                   |  |  |                      |
| 10. | Are any bankruptcy cases pending or being   | ■ N       | 0             |                                   |  |  |                      |
|     | filed by a spouse who is  | □ Y       | es.           |                                   |  |  |                      |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |           |               |                                   |  |  |                      |
|     |   |           | Debtor        |                                   |  | Relationship to you  |                      |
|     |   |           | District      |                                   | When   | Case number, if known  | -                    |
|     |   |           | Debtor        |                                   |  | Relationship to you  |                      |
|     |   |           | District      |                                   | When   | Case number, if known  |                      |
|     |   |           |               |                                   |  |  |                      |
| 11. | Do you rent your residence?   | ■ N       | o. Go to I    | ine 12.                           |  |  |                      |
|     | residence.  | □ Y       | es. Has yo    | ur landlord obta                  | ained an eviction judgment a                                   | against you and do you want to stay in your  | residence?           |
|     |   |           |               | No. Go to line                    | 12.  |  |                      |
|     |   |           |               | Yes. Fill out Inbankruptcy pe     |  | iction Judgment Against You (Form 101A) a  | nd file it with this |
|     |   |           |               |                                   |  |  |                      |

Document Page 4 of 59 Case number (if known) Debtor 1 Luba Manos Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Page 5 of 59 Document Case number (if known) Debtor 1 **Luba Manos** 

Part 5:

15. Tell the court whether

you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### 

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb  | tor 1 Luba Manos   |   | Docume   |   | number (if known)  |   |  |
|------|--|---|--|---|--|---|--|
| Part | 6: Answer These Quest  | ions for Rep  | oorting Purposes   |   |  |   |  |
| 16.  | What kind of debts do you have?  |   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by ar individual primarily for a personal, family, or household purpose." |   |  |   |  |
|      |  | I   | ☐ No. Go to line 16b.  |   |  |   |  |
|      |  | I   | Yes. Go to line 17.  |   |  |   |  |
|      |  |   |  | usiness debts? Business debts are estment or through the operation of the |  |   |  |
|      |  | I   | ☐ No. Go to line 16c.  |   |  |   |  |
|      |  | ı   | ☐ Yes. Go to line 17.  |   |  |   |  |
|      |  | 16c. S  | State the type of debts you o  | owe that are not consumer debts or b                                      | usiness debts  |   |  |
| 17.  | Are you filing under Chapter 7?  | □ No. I   | am not filing under Chapter  | 7. Go to line 18.   |  |   |  |
|      | Do you estimate that after any exempt property is excluded and administrative expenses | fter any exempt are paid that funds will be available to distribute to unsecured creditors? |  |   |  |   |  |
|      | be available for<br>distribution to unsecured<br>creditors?                            | I   | ☐ Yes  |   |  |   |  |
| 18.  | How many Creditors do you estimate that you owe?                                       | ■ 1-49<br>□ 50-99   |  | □ 1,000-5,000<br>□ 5001-10,000  | □ 25,001-50,000<br>□ 50,001-100,000  |   |  |
|      | owe:   | ☐ 100-199<br>☐ 200-999  |  | □ 10,001-25,000   | ☐ More than100,000   |   |  |
| 19.  | How much do you estimate your assets to  | □ \$0 - \$50<br>□ \$50.001  | ),000<br>- \$100,000   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million                | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion                               |   |  |
|      | be worth?  | <b>\$100,00</b>   | 01 - \$500,000<br>01 - \$1 million   | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million            | □ \$10,000,000,001 - \$50 billion  |   |  |
| 20.  | How much do you estimate your liabilities  | □ \$0 - \$50<br>□ \$50.00   | ),000<br>1 - \$100,000   | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million                | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion                               |   |  |
|      | to be?   | \$100,00  | 01 - \$500,000<br>01 - \$1 million   | □ \$50,000,001 - \$100 millior □ \$100,000,001 - \$500 millior            | □ \$10,000,000,001 - \$50 billion  |   |  |
| Part | 7: Sign Below  |   |  |   |  |   |  |
| For  | you  | I have exa  | mined this petition, and I ded   | clare under penalty of perjury that the                                   | information provided is true and correct.  |   |  |
|      |  |   |  |   | ligible, under Chapter 7, 11,12, or 13 of title 11, and I choose to proceed under Chapter 7. |   |  |
|      |  |   |  | not pay or agree to pay someone when notice required by 11 U.S.C. § 342   | o is not an attorney to help me fill out this (b).   |   |  |
|      |  | I request re  | elief in accordance with the o   | chapter of title 11, United States Cod                                    | e, specified in this petition.   |   |  |
|      |  |   |  |   |  |   |  |
|      |  | Luba Mai<br>Signature   | nos  | Signature of  | Debtor 2   | _ |  |
|      |  | Executed of   | September 19, 2016   | S Executed on   | MM / DD / YYYY   | _ |  |
|      |  |   |  |   |  |   |  |

Debtor 1 Luba Manos Document Page 7 of 59

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Rick Rogers                        | Date          | September 19, 2016               |
|--|---------------|----------------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY                   |
| Rick Rogers                            |               |                                  |
| Printed name                           |               |                                  |
| Rogers Law Group                       |               |                                  |
| Firm name                              |               |                                  |
| 707 Lake Cook Road, Suite 312          |               |                                  |
| Deerfield, IL 60015                    |               |                                  |
| Number, Street, City, State & ZIP Code |               |                                  |
| Contact phone <b>847-607-8570</b>      | Email address | bankruptcy@therogerslawgroup.com |
| 6192202                                |               |                                  |
| Bar number & State                     |               | <u> </u>                         |

|                     |                          | DUCUITION         | TIL FAUE 0 01 33 |                        |  |
|---------------------|--------------------------|-------------------|------------------|------------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                  |                        |  |
| Debtor 1            | Luba Manos               |                   |                  |                        |  |
|                     | First Name               | Middle Name       | Last Name        |                        |  |
| Debtor 2            |                          |                   |                  |                        |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |                        |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                        |  |
| Case number         |                          |                   |                  |                        |  |
| (if known)          |                          |                   |                  | ☐ Check if the amended |  |

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|    |  | Your a      | costo                   |
|----|--|-------------|-------------------------|
|    |  |             | of what you own         |
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 243,065.00              |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 13,074.00               |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 256,139.00              |
| Pa | rt 2: Summarize Your Liabilities   |             |                         |
|    |  |             | abilities<br>It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 260,712.00              |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                    |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 83,089.00               |
|    | Your total liabilities   | \$          | 343,801.00              |
| Pa | rt 3: Summarize Your Income and Expenses   |             |                         |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,410.00                |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,404.00                |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records  |             |                         |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                |
| 7. | ■ Yes What kind of debt do you have?   |             |                         |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Case number (if known) Debtor 1 Luba Manos

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

2,496.81 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total clair | n    |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|              |                            | Case 16-29796  |                       | iled 09/19/16<br>Document                         | Entered 09/19/19<br>Page 10 of 59   | 6 15:39:12                            | Desc                      | Main  |
|--------------|----------------------------|--|-----------------------|---|---|---------------------------------------|---------------------------|---|
| Fill         | in this in                 | formation to identify yo                                 |                       |   | 1 446 15 01 05  |                                       |                           |   |
| Deb          | otor 1                     | Luba Manos<br>First Name                                 | Middle N              | ame   | Last Name   |                                       |                           |   |
|              | otor 2<br>ouse, if filing) | First Name   | Middle N              | ame   | Last Name   |                                       |                           |   |
| Uni          | ted State                  | s Bankruptcy Court for the                               | : NORTHERN            | DISTRICT OF ILLIN                                 | IOIS  |                                       |                           |   |
| Cas          | se numbe                   | r  |                       |   |   |                                       |                           | Check if this is an amended filing                          |
| Sc           | ched                       | Form 106A/B<br>ule A/B: Pro                              | <u> </u>              |   |   |                                       |                           | 12/15   |
| hink<br>nfor | k it fits bes              | st. Be as complete and acc<br>more space is needed, atta | urate as possible.    | If two married people                             | n asset fits in more than one<br>are filing together, both are on<br>top of any additional pages, | equally responsible                   | for supply                | ing correct   |
| Part         | t 1: Desc                  | ribe Each Residence, Build                               | ling, Land, or Othe   | r Real Estate You Ow                              | n or Have an Interest In  |                                       |                           |   |
| . <b>D</b>   | o you owr                  | or have any legal or equit                               | able interest in any  | residence, building,                              | land, or similar property?  |                                       |                           |   |
|              | No. Go to                  | Part 2.  |                       |   |   |                                       |                           |   |
|              | Yes. Wh                    | ere is the property?                                     |                       |   |   |                                       |                           |   |
|              |                            |  |                       |   |   |                                       |                           |   |
|              |                            |  |                       | <b>14</b> 0 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - | •   |                                       |                           |   |
| 1.1          | 484 Fa                     | irfax Lane   |                       | What is the property  Single-family h             |   | Do not doduct con                     | rad alaima                | ar avamations. Dut  |
|              | Street add                 | ress, if available, or other descrip                     | tion                  | Duplex or mult                                    | i-unit building   | the amount of any                     | secured cla               | or exemptions. Put aims on Schedule D: Secured by Property. |
|              | Grays                      | ake IL 6   | 0030-0000<br>ZIP Code | ☐ Manufactured (☐ Land ☐ Investment pro           | or mobile home  | Current value of the entire property? | р                         | urrent value of the ortion you own?                         |
|              | City                       | Jule   | 211 3300              | ☐ Timeshare ☐ Other                               | in the property? Check one  | Describe the natu                     | re of your<br>le, tenancy | ownership interest<br>y by the entireties, or               |
|              | Lake                       |  |                       | Debtor 2 only                                     |   |                                       |                           |   |
|              | County                     |  |                       | Debtor 1 and D                                    |   | ☐ Check if this                       |                           | nity property   |
|              |                            |  |                       |   | the debtors and another ou wish to add about this item  | (see instructions                     | 1                         |   |
|              |                            |  |                       |   | 50; value per zillow  |                                       |                           |   |
|              |                            |  |                       |   |   |                                       |                           |   |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$243,065.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Document Page 11 of 59 Case number (if known) Debtor 1 Luba Manos 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes Nissan Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Sentra SR ■ Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2012 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 78,000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another value per Kelley Blue Book; \$8,520.00 \$8,520.00 private party excellent condition ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Nissan 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Altima** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2009 Year: Debtor 2 only Current value of the Current value of the 138,428 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Panel around tire is very \$2,000.00 \$2,000.00 damaged and front bumper is ☐ Check if this is community property (see instructions) damaged; value per Carmax 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$10,520.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$800.00 typical used and worn household goods and furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... television, electronics \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No

Official Form 106A/B

☐ Yes. Describe.....

Case 16-29796

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Desc Main

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 Luba Manos
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 Case number (if known)
 Case number (if known)

| E    | musical instru  | graphic, exercise, and other ho   | obby equipment; bicycles, pool tables  | , golf clubs, skis; canoes a  | nd kayaks; carpentry tools;   |
|------|---|-----------------------------------|--|-------------------------------|---|
|      | ■ No<br>☑ Yes. Describe   |                                   |  |                               |   |
| -    | Firearms<br>Examples: Pistols, rifles                               | s, shotguns, ammunition, and r    | related equipment  |                               |   |
|      | No Yes. Describe  |                                   |  |                               |   |
|      | ] No  | othes, furs, leather coats, desiç | gner wear, shoes, accessories  |                               |   |
|      | Yes. Describe   |                                   |  |                               |   |
|      |   | clothes                           |  |                               | \$500.00  |
|      | <b>Jewelry</b> <i>Examples:</i> Everyday jev  ☐ No  ☐ Yes. Describe | welry, costume jewelry, engago    | ement rings, wedding rings, heirloom   | jewelry, watches, gems, gc    | old, silver   |
|      |   | costume jewelry                   |  |                               | \$200.00  |
| 14.  | No Yes. Give specific info  | d household items you did n       | not already list, including any health   | Γ                             | \$4.700.00  |
|      | for Part 3. Write that i  | number here                       |  |                               | \$1,700.00  |
| Part | 4: Describe Your Finance  | cial Assets                       |  |                               |   |
| Doy  | you own or have any le  | egal or equitable interest in a   | any of the following?  |                               | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|      | ] No  | nave in your wallet, in your hon  | me, in a safe deposit box, and on hand   | d when you file your petition | n   |
|      |   |                                   |  | Cash                          | \$100.00  |
|      | institutions.   |                                   | unts; certificates of deposit; shares in with the same institution, list each. | credit unions, brokerage ho   | ouses, and other similar  |
|      | ] No<br>■ Yes   |                                   | Institution name:  |                               |   |
|      |   | 17.1. Checking                    | bank account at TCF  |                               | \$349.00  |

Debtor 1

page 3

Case 16-29796 Doc 1 Filed 09/19/16 Entered 09/19/16 15:39:12 Desc Main Document Page 13 of 59 Case number (if known) Debtor 1 **Luba Manos** bank account at TCF \$105.00 17.2. Savings bank account at TCF \$300.00 Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

| Debtor                     | 1 Luba Manos   | Document   | Page 14 of 59 Case number (if known)           |                           |
|----------------------------|--|--|--|---------------------------|
| Dobioi                     | Luba manos   |  |  |                           |
|                            | refunds owed to you  |  |  |                           |
| ■N                         | -  | ion about them, including whether you alre   | eady filed the returns and the tax years       |                           |
|                            | es. Give specific informati  | ion about them, including whether you and  | ady filed the returns and the tax years        |                           |
| 29. <b>Fan</b>             | nily support   |  |  |                           |
| _                          |  | sum alimony, spousal support, child supp   | ort, maintenance, divorce settlement, property | y settlement              |
| ■ N<br>□ Y                 | o<br>es. Give specific informat  | ion  |  |                           |
|                            |  |  |  |                           |
|                            |  |  | nefits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| ■ N                        | -  |  |  |                           |
|                            | es. Give specific informa  |  |  |                           |
|                            | erests in insurance polic<br>camples: Health, disability,                          |  | (HSA); credit, homeowner's, or renter's insura | nce                       |
| ■ N                        | -  |  |  |                           |
| ПΥ                         | es. Name the insurance of  | company of each policy and list its value.  Company name:                              | Beneficiary:                                   | Surrender or refund       |
|                            |  |  |  | value:                    |
| ■ N □ Y  33. Cla  Exa      | es. Give specific informa<br>ims against third parties<br>amples: Accidents, emplo | s, whether or not you have filed a lawsu<br>yment disputes, insurance claims, or right |  |                           |
|                            |  | claim for past due suppor  | t from former spouse                           | Unknown                   |
| ■ N □ Y 35. <b>Any</b> ■ N | o<br>es. Describe each claim.<br>r financial assets you di                         | d not already list   | g counterclaims of the debtor and rights t     | o set off claims          |
|                            |  | of your entries from Part 4, including a   |  | \$854.00                  |
| Part 5:                    | Describe Any Business-R  | elated Property You Own or Have an Interest  | In. List any real estate in Part 1.            |                           |
| _ `                        |  | or equitable interest in any business-related p  | property?                                      |                           |
|                            | . Go to Part 6.<br>s. Go to line 38.   |  |  |                           |
| <b>_</b> 16                | 5. 30 to line 30.  |  |  |                           |
| Part 6:                    | Describe Any Farm- and C   | Commercial Fishing-Related Property You Ow   | n or Have an Interest In                       |                           |
| -i-ait v                   |  | est in farmland, list it in Part 1.  | n or mare an interest in                       |                           |
| 46. <b>Do</b>              | you own or have any le   | gal or equitable interest in any farm- or  | commercial fishing-related property?           |                           |

Official Form 106A/B Schedule A/B: Property page 5

No. Go to Part 7.

Entered 09/19/16 15:39:12 Document Page 15 of 59 Debtor 1 Case number (if known) **Luba Manos** ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$243,065.00 Part 2: Total vehicles, line 5 \$10,520.00 Part 3: Total personal and household items, line 15 57. \$1,700.00 Part 4: Total financial assets, line 36 \$854.00 58. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$13,074.00 Copy personal property total \$13,074.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$256,139.00

page 6 Official Form 106A/B Schedule A/B: Property

Case 16-29796

Doc 1

Filed 09/19/16

Desc Main

| Fill in this infor                      | rmation to identify your | case:             | 111 1 440 ±0 01 00 |  |
|---|--------------------------|-------------------|--------------------|--|
| Debtor 1                                | Luba Manos               |                   |                    |  |
|   | First Name               | Middle Name       | Last Name          |  |
| Debtor 2                                |                          |                   |                    |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name          |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number                             |                          |                   |                    |  |
| (if known)                              |                          |                   |                    |  |
|   |                          |                   |                    |  |

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property You | Claim as | Exempt |
|---------|--------------|--------------|----------|--------|
|---------|--------------|--------------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own Copy the value from Schedule A/B |            | unt of the exemption you claim   | Specific laws that allow exemption |
|--|---|------------|--|------------------------------------|
| 484 Fairfax Lane Grayslake, IL 60030 Lake County PIN: 06-22-201-050; value per zillow Line from Schedule A/B: 1.1  | \$243,065.00  |            | \$15,000.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901                  |
| 2009 Nissan Altima 138,428 miles<br>Panel around tire is very damaged<br>and front bumper is damaged; value<br>per Carmax<br>Line from <i>Schedule A/B</i> : 3.2 | \$2,000.00  |            | \$2,400.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(c)              |
| typical used and worn household goods and furniture Line from Schedule A/B: 6.1  | \$800.00  |            | \$800.00  100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |
| television, electronics Line from Schedule A/B: 7.1  | \$200.00  |            | \$200.00  100% of fair market value, up to any applicable statutory limit    | 735 ILCS 5/12-1001(b)              |
| clothes Line from Schedule A/B: 11.1   | \$500.00  | <b>■</b> . | 100% of fair market value, up to any applicable statutory limit              | 735 ILCS 5/12-1001(a)              |

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Case number (if known)

| ре | LUDA IVIATIOS  |                                      |        |   |                                    |  |
|----|--|--------------------------------------|--------|---|------------------------------------|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Am     | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|    |  | Copy the value from<br>Schedule A/B  | Che    | eck only one box for each exemption.                            |                                    |  |
|    | costume jewelry Line from Schedule A/B: 12.1   | \$200.00                             |        | \$200.00  | 735 ILCS 5/12-1001(b)              |  |
|    |  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Cash Line from Schedule A/B: 16.1  | \$100.00                             |        | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line Holli Gareage A.B. 1911   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Checking: bank account at TCF Line from Schedule A/B: 17.1                             | \$349.00                             |        | \$349.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line Horr Schedule A/B. 1111   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Savings: bank account at TCF Line from Schedule A/B: 17.2                              | \$105.00                             |        | \$105.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line Horr Schedule A.B. 11.2   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Savings: bank account at TCF Line from Schedule A/B: 17.3                              | \$300.00                             |        | \$300.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line Holli Schedule A/B. 11.0  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | claim for past due support from former spouse  | Unknown                              |        | 100%  | 735 ILCS 5/12-1001(g)(4)           |  |
|    | Line from Schedule A/B: 33.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every     |                                      |        | led on or after the date of adjustmen                           | nt.)                               |  |
|    | ■ No   | o youro arror arat for or            |        |   | ,                                  |  |
|    | ☐ Yes. Did you acquire the property cove   | red by the exemption w               | thin 1 | ,215 days before you filed this case                            | ?                                  |  |
|    | □ No   |                                      |        |   |                                    |  |
|    | □ Vec  |                                      |        |   |                                    |  |

|                     |                          | Document   | Page 18         | of 59                             |  |                   |
|---------------------|--------------------------|--|-----------------|-----------------------------------|--|-------------------|
| Fill in this inform | nation to identify you   | ır case:   |                 |                                   |  |                   |
| Debtor 1            | Luba Manos               |  |                 |                                   |  |                   |
| Debter 1            | First Name               | Middle Name  | Last Name       |                                   | -                                      |                   |
| Debtor 2            |                          |  |                 |                                   |  |                   |
| (Spouse if, filing) | First Name               | Middle Name  | Last Name       |                                   | -                                      |                   |
| United States Bar   | nkruptcy Court for the:  | NORTHERN DISTRICT OF ILLIN   | NOIS            |                                   |  |                   |
| Omica Clares Bar    | inauptoy Court for the.  | TOTAL PROPERTY OF THE PROPERTY | 10.0            |                                   | -                                      |                   |
| Case number         |                          |  |                 |                                   |  |                   |
| (if known)          |                          |  |                 |                                   | ☐ Check                                | if this is an     |
|                     |                          |  |                 |                                   | ameno                                  | led filing        |
| O#: -: -! F         | - 400D                   |  |                 |                                   |  |                   |
| Official Form       | 1 106D                   |  |                 |                                   |  |                   |
| Schedule            | D: Creditors             | Who Have Claims S  | ecured          | by Propert                        | У                                      | 12/15             |
| B                   | 1                        | Market Control of the | . 1 . 4         |                                   |  |                   |
|                     |                          | If two married people are filing together<br>out, number the entries, and attach it to   |                 |                                   |  |                   |
| number (if known).  |                          | ,  |                 | ,,                                | p ,                                    |                   |
| 1. Do any creditors | have claims secured by   | y your property?   |                 |                                   |  |                   |
| ☐ No. Check         | this box and submit th   | his form to the court with your other s  | chedules. Yo    | u have nothing else t             | to report on this form.                |                   |
|                     | all of the information l |  |                 | J                                 | •                                      |                   |
|                     |                          | pelow.   |                 |                                   |  |                   |
| Part 1: List Al     | II Secured Claims        |  |                 | Oak was A                         | Column B                               | Column C          |
|                     |                          | more than one secured claim, list the credi  |                 | Column A                          |  |                   |
|                     |                          | a particular claim, list the other creditors i<br>cal order according to the creditor's name.  |                 | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
|                     | ot the dame in alphabeti | our order according to the creditor o name.  | •               | value of collateral.              | claim                                  | If any            |
| 2.1 AmeriCre        | dit/GM                   |  |                 | ¢12 160 00                        | ¢9 520 00                              | \$4,649.00        |
| Financial           |                          | Describe the property that secures the   |                 | \$13,169.00                       | \$8,520.00                             | \$4,649.00        |
| Creditor's Name     | 9                        | 2012 Nissan Sentra SR 78,000   |                 |                                   |  |                   |
|                     |                          | value per Kelley Blue Book; p  | private         |                                   |  |                   |
|                     |                          | As of the date you file, the claim is: Ch  | heck all that   |                                   |  |                   |
| Po Box 18           |                          | apply.   | neok un triat   |                                   |  |                   |
|                     | , TX 76096               | Contingent   |                 |                                   |  |                   |
| Number, Street      | , City, State & Zip Code | Unliquidated   |                 |                                   |  |                   |
| Wha some the de     | L10 01 1                 | ☐ Disputed   |                 |                                   |  |                   |
| Who owes the de     | ept? Check one.          | Nature of lien. Check all that apply.  |                 |                                   |  |                   |
| Debtor 1 only       |                          |  | ortgage or secu | ured                              |  |                   |
| Debtor 2 only       |                          | —  |                 |                                   |  |                   |
| Debtor 1 and De     | •                        | Statutory lien (such as tax lien, mech   |                 |                                   |  |                   |
|                     | he debtors and another   | ☐ Judgment lien from a lawsuit   |                 |                                   |  |                   |
| ☐ Check if this cl  |                          | Other (including a right to offset)  | Purchase M      | loney Security                    |  |                   |
| community de        | DT.                      |  |                 |                                   |  |                   |
|                     | Opened                   |  |                 |                                   |  |                   |
|                     | 9/01/15                  |  |                 |                                   |  |                   |
|                     | Last Active              |  | 9407            |                                   |  |                   |
| Date debt was incu  | urred <u>5/02/16</u>     | Last 4 digits of account number  | er 8407         |                                   |  |                   |
|                     |                          |  |                 |                                   |  |                   |
| 2.2 Chase Mo        |                          | Describe the property that secures the   | e claim:        | \$203,029.00                      | \$243,065.00                           | \$0.00            |
| Creditor's Name     | Э                        | 484 Fairfax Lane Grayslake, II   | L               |                                   |  |                   |
|                     |                          | 60030 Lake County  |                 |                                   |  |                   |
|                     |                          | PIN: 06-22-201-050; value per As of the date you file, the claim is: Ch  |                 |                                   |  |                   |
| P.o. Box 2          |                          | apply.   | neck all that   |                                   |  |                   |
| Columbus            | s, OH 43224              | ☐ Contingent   |                 |                                   |  |                   |
| Number, Street      | , City, State & Zip Code | ☐ Unliquidated   |                 |                                   |  |                   |
|                     |                          | Disputed   |                 |                                   |  |                   |
| Who owes the de     | bt? Check one.           | Nature of lien. Check all that apply.  |                 |                                   |  |                   |
| Debtor 1 only       |                          | An agreement you made (such as mo  | ortgage or secu | ured                              |  |                   |
| Debtor 2 only       |                          | car loan)  |                 |                                   |  |                   |
| Debtor 1 and De     | •                        | ☐ Statutory lien (such as tax lien, mech   | anic's lien)    |                                   |  |                   |
| At least one of the | he debtors and another   | ☐ Judgment lien from a lawsuit   |                 |                                   |  |                   |

Official Form 106D

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| Debtor 1 Luba Manos   |  | Case                | e number (if know) |                          |                   |
|---|--|---------------------|--------------------|--------------------------|-------------------|
| First Name Middle N   | ame Last Name  | _                   | , ,                |                          |                   |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset)  | First Mortgage      | ,                  |                          |                   |
| Opened 4/29/03 Last Active 4/14/12  | Last 4 digits of account numl  | ber 6473            |                    |                          |                   |
| 2.3 Citimortgage Inc  | Describe the property that secures t   | the claim:          | \$44,514.00        | \$243,065.00             | \$4,478.00        |
| 2.3 Citimortgage Inc Creditor's Name  Attn: Bankruptcy Po Box 6423 Sioux Falls, SD 57117                  | 484 Fairfax Lane Grayslake, 60030 Lake County PIN: 06-22-201-050; value pe As of the date you file, the claim is: apply.   | IL<br>er zillow     | <u> </u>           | \$243, <del>003.00</del> | <b>\$4,470.00</b> |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated   |                     |                    |                          |                   |
| Who owes the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only  | ☐ Disputed  Nature of lien. Check all that apply.  ☐ An agreement you made (such as car loan)  | mortgage or secured |                    |                          |                   |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, me   | chanic's lien)      |                    |                          |                   |
| At least one of the debtors and another   | ☐ Judgment lien from a lawsuit   |                     |                    |                          |                   |
| ☐ Check if this claim relates to a community debt   | Other (including a right to offset)  | Second Mortga       | age                |                          |                   |
| Date debt was incurred Opened 8/01/07 Last Active 8/06/12   | Last 4 digits of account num   | ber 6140            |                    |                          |                   |
| 2.4 Lake Couny Collector  | Describe the property that secures t   | the claim:          | \$0.00             | \$243,065.00             | Unknown           |
| Creditor's Name  18 N. County Street Suite 102 Waukegan, IL 60085  Number, Street, City, State & Zip Code | 484 Fairfax Lane Grayslake, 60030 Lake County PIN: 06-22-201-050; value pe As of the date you file, the claim is: apply.  Contingent Unliquidated                | er zillow           |                    |                          |                   |
| Who owes the debt? Check one.   | Disputed  Nature of lien. Check all that apply.  |                     |                    |                          |                   |
| ☐ Debtor 1 only ☐ Debtor 2 only   | An agreement you made (such as car loan)   |                     |                    |                          |                   |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit   | chanic's lien)      |                    |                          |                   |
| At least one of the debtors and another  Check if this claim relates to a                                 | Other (including a right to offset)  | property taxes      |                    |                          |                   |
| community debt  |  |                     |                    |                          |                   |
| Date debt was incurred  | Last 4 digits of account numl  | ber                 |                    |                          |                   |
| 2.5 Nation Star Mortgage  | Describe the property that secures t   | the claim:          | \$0.00             | \$243,065.00             | \$0.00            |
| P.O Box 199400 Dallas, TX 75219  Number, Street, City, State & Zip Code                                   | 484 Fairfax Lane Grayslake, 60030 Lake County PIN: 06-22-201-050; value pe As of the date you file, the claim is: apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed | er zillow           |                    |                          |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.  |                     |                    |                          |                   |

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| Debtor 1                          | Luba Manos   |   | Case number (if know)   |
|-----------------------------------|--|---|---|
|                                   | First Name Middle  | e Name Last Name  |   |
| ☐ Debto                           |  | ☐ An agreement you made (such as car loan)  | mortgage or secured   |
| ☐ Debto☐ Debto                    | r 2 only<br>r 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, me  | echanic's lien)   |
| At leas                           | st one of the debtors and anothe   | T Judgment lien from a lawsuit  |   |
|                                   | k if this claim relates to a<br>munity debt                                | Other (including a right to offset)   | NOTICE ONLY   |
| Date deb                          | t was incurred   | Last 4 digits of account num  |   |
| If this is<br>Write th            | s the last page of your form, a<br>nat number here:                        | Column A on this page. Write that num ald the dollar value totals from all pages.   | \$260,712.00  |
| Use this<br>trying to<br>than one | page only if you have others to  | be notified about your bankruptcy for<br>u owe to someone else, list the creditor<br>hat you listed in Part 1, list the additiona | a debt that you already listed in Part 1. For example, if a collection agency is in Part 1, and then list the collection agency here. Similarly, if you have more al creditors here. If you do not have additional persons to be notified for any |
|                                   | ame, Number, Street, City, State   | & Zip Code  | On which line in Part 1 did you enter the creditor?   |
| 17                                | 771 W. Diehl Rd. Suite 1<br>aperville, IL 60563                            | 20  | Last 4 digits of account number   |
|                                   | ame, Number, Street, City, State   |   | On which line in Part 1 did you enter the creditor? <b>2.2</b>  |
| 34<br>D                           | hase Home Finance LL0<br>415 Vision Drive<br>ept. G-7<br>olumbus, OH 43219 | ;   | Last 4 digits of account number   |
|                                   | ame, Number, Street, City, State   |   | On which line in Part 1 did you enter the creditor?   |
| M<br>29                           | ail Code TX1-2301<br>901 Kinwest Parkway<br>ving, TX 75063-5816            | ·   | Last 4 digits of account number   |
|                                   | ame, Number, Street, City, State   | & Zip Code  | On which line in Part 1 did you enter the creditor?   |
| at<br>P.                          | tn BK Dept.<br>.O. Box 790022<br>aint Louis, MO 63179-00                   | 22  | Last 4 digits of account number   |
| □ Na                              | ame, Number, Street, City, State   | & Zip Code  | On which line in Part 1 did you enter the creditor? 2.3   |
| 40                                | itimortgage Legal Depa<br>000 Regent Blvd.<br>ving, TX 75063               | rtment  | Last 4 digits of account number   |
|                                   | ame, Number, Street, City, State   | & Zip Code  | On which line in Part 1 did you enter the creditor? _2.3_   |
| 10                                | 000 Technology Drive<br>Fallon, MO 63368-2240                              |   | Last 4 digits of account number   |
|                                   | ame, Number, Street, City, State   |   | On which line in Part 1 did you enter the creditor? _2.2_   |
| 2                                 | Wells Avenue<br>ewton, MA 02459  | <b>-</b>  | Last 4 digits of account number   |

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| Debto | r 1       | Luba Manos   |                  |           | Case number (if know)   |                   |  |
|-------|-----------|--|------------------|-----------|---|-------------------|--|
|       |           | First Name   | Middle Name      | Last Name |   |                   |  |
|       | Gn<br>Po  | ne, Number, Street, City,<br>n Financial<br>Box 181145<br>ington, TX 76096               | State & Zip Code |           | On which line in Part 1 did you enter the cred  Last 4 digits of account number | litor? <b>2.1</b> |  |
|       | GN<br>P.C | ne, Number, Street, City,<br>IAC Financial Serv<br>D. Box 9001951<br>uisville, KY 40290- | rices            |           | On which line in Part 1 did you enter the cred  Last 4 digits of account number | litor? <b>2.1</b> |  |

| Fill in th                                      | nis information to id   | entify your case:  | Document   | Page 22 of 59  |  |
|---|---|--|--|--|--|
|   |   |  |  |  |  |
| Debtor 1  | Luba M<br>First Name  |  | ddle Name  | Last Name  |  |
| Debtor 2  |   | 1411   | adio Namo  | Last Name  |  |
| (Spouse if,                                     |   | Mid  | ddle Name  | Last Name  |  |
| United S  | States Bankruptcy Co  | urt for the: NORTH   | HERN DISTRICT OF II  | LLINOIS  |  |
| Case nu<br>(if known)                           | mber  |  |  |  | Check if this is an amended filing   |
| Sched   |   | ditors Who Ha  | ve Unsecured   |  | 12/15  |
| any execu<br>Schedule<br>Schedule<br>eft. Attac | itory contracts or uner<br>G: Executory Contrac<br>D: Creditors Who Hav | xpired leases that could<br>ts and Unexpired Lease<br>e Claims Secured by P<br>ge to this page. If you h | d result in a claim. Also<br>es (Official Form 106G).<br>roperty. If more space is | ITY claims and Part 2 for creditors with NONPRIORITY<br>list executory contracts on Schedule A/B: Property (O<br>Do not include any creditors with partially secured cla<br>s needed, copy the Part you need, fill it out, number the<br>eport in a Part, do not file that Part. On the top of any a | fficial Form 106A/B) and on<br>ims that are listed in<br>entries in the boxes on the |
| Part 1:   | List All of Your P  | RIORITY Unsecured  | Claims   |  |  |
| 1. Do a   | ny creditors have prio  | rity unsecured claims a  | gainst you?  |  |  |
| ■ N   | o. Go to Part 2.  |  |  |  |  |
| □ Y   | es.   |  |  |  |  |
| Part 2:   | List All of Your N  | ONPRIORITY Unsec   | ured Claims  |  |  |
| 3. Do a   | ny creditors have non   | priority unsecured clair   | ns against you?  |  |  |
| ПΝ  | o. You have nothing to  | report in this part. Submi   | t this form to the court with  | h your other schedules.  |  |
| <b>■</b> Y                                      | es.   |  |  |  |  |
| unse  | cured claim, list the cred<br>one creditor holds a par                  | ditor separately for each  | claim. For each claim liste  | the creditor who holds each claim. If a creditor has more ed, identify what type of claim it is. Do not list claims already a have more than three nonpriority unsecured claims fill out   | / included in Part 1. If more  |
|   |   |  |  |  | Total claim  |
| 4.1   | Aloha Construction  | on   | Last 4 digits of ac  | count number   | \$8,073.00   |
|   | Nonpriority Creditor's Na   | ame  |  |  |  |
|   | 477 E. Rt. 22<br>Lake Zurich. IL 60                                     | 0047   | When was the del   | ot incurred?   |  |
|   | Number Street City Stat   |  | As of the date you   | u file, the claim is: Check all that apply   |  |
| ,   | Who incurred the debt   | ? Check one.   | •  | ,  |  |
|   | Debtor 1 only   |  | ☐ Contingent   |  |  |
|   | Debtor 2 only   |  | ☐ Unliquidated   |  |  |
|   | Debtor 1 and Debtor   | 2 only   | ☐ Disputed   |  |  |
|   | At least one of the d   | -  | •  | PRITY unsecured claim:   |  |
|   | ☐ Check if this claim   |  | ☐ Student loans  |  |  |
|   | debt  |  | ☐ Obligations aris   | sing out of a separation agreement or divorce that you did n   | ot   |
| 1   | Is the claim subject to   | offset?  | report as priority cla   |  |  |
|   | ■ No  |  | ☐ Debts to pension   | on or profit-sharing plans, and other similar debts  |  |
|   | ☐ Yes   |  | Other. Specify   | Personal Debt  | <u></u>  |

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Lase number (if know)

| Debto | or 1 Luba Manos   |  | Case number (if know)                             |            |
|-------|---|--|---|------------|
| 4.2   | Athletico   | Last 4 digits of account number                            |   | \$1,606.00 |
|       | Nonpriority Creditor's Name                             | _  |   |            |
|       | 709 Enterprise Drive<br>Oak Brook, IL 60523             | When was the debt incurred?                                |   |            |
|       | Number Street City State Zlp Code                       | As of the date you file, the claim                         | is: Check all that apply                          |            |
|       | Who incurred the debt? Check one.                       | ,  |   |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|       | -   | _ '  |   |            |
|       | Debtor 1 and Debtor 2 only                              | ☐ Disputed  Type of NONPRIORITY unsecure                   | ad alaim.   |            |
|       | ☐ At least one of the debtors and another               | Student loans  | eu Ciaiii.  |            |
|       | ☐ Check if this claim is for a community debt           |  |   |            |
|       | Is the claim subject to offset?                         | Obligations arising out of a sep report as priority claims | paration agreement or divorce that you did not    |            |
|       | ■ No  | Debts to pension or profit-shari                           | ng plans, and other similar debts                 |            |
|       | ☐ Yes   | ■ Other. Specify Medical De                                | ebt   |            |
|       |   |  |   |            |
| 4.3   | Bank Of America Nonpriority Creditor's Name             | Last 4 digits of account number                            | 1715  | \$9,412.00 |
|       | Nc4-105-03-14   |  | Opened 11/18/94 Last Active                       |            |
|       | Po Box 26012  | When was the debt incurred?                                | 1/18/12   |            |
|       | Greensboro, NC 27410                                    |  |   |            |
|       | Number Street City State Zlp Code                       | As of the date you file, the claim                         |   |            |
|       | Who incurred the debt? Check one.                       |  |   |            |
|       | Debtor 1 only   | ☐ Contingent   |   |            |
|       | Debtor 2 only   | ☐ Unliquidated   |   |            |
|       | Debtor 1 and Debtor 2 only                              | Disputed   |   |            |
|       | At least one of the debtors and another                 | Type of NONPRIORITY unsecure                               | ed claim:   |            |
|       | ☐ Check if this claim is for a community                | ☐ Student loans  |   |            |
|       | debt  | ☐ Obligations arising out of a sec                         | paration agreement or divorce that you did not    |            |
|       | Is the claim subject to offset?                         | report as priority claims                                  | ,,  |            |
|       | ■ No  | Debts to pension or profit-shari                           | ng plans, and other similar debts                 |            |
|       | Yes   | Other. Specify   |   |            |
| 4.4   | Best Buy  | Last 4 digits of account number                            |   | \$2,422.00 |
|       | Nonpriority Creditor's Name                             | _  |   |            |
|       | P.O. Box 688910   | When was the debt incurred?                                |   |            |
|       | Des Moines, IA 50368  Number Street City State Zlp Code | As of the date you file, the claim                         | is: Check all that apply                          |            |
|       | Who incurred the debt? Check one.                       | As of the date you me, the claim                           | is. Oncor an that apply                           |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|       | Debtor 2 only   | ☐ Unliquidated   |   |            |
|       | ☐ Debtor 1 and Debtor 2 only                            | _ `  |   |            |
|       | ·   | ☐ Disputed  Type of NONPRIORITY unsecure                   | ed claim:   |            |
|       | ☐ At least one of the debtors and another               | Student loans  |   |            |
|       | ☐ Check if this claim is for a community debt           |  | creation provides and the same that the same that |            |
|       | Is the claim subject to offset?                         | report as priority claims                                  | paration agreement or divorce that you did not    |            |
|       | ■ No  | Debts to pension or profit-shari                           | ing plans, and other similar debts                |            |
|       | □ Yes   | Other. Specify Credit Car                                  |   |            |
|       | <b>-</b> 163  | Other. Specify   | <b>u</b>  |            |

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| Debtor | 1 Luba Manos   | Case number (if know)  |             |
|--------|--|--|-------------|
| 4.5    | Blatt Hasenmiller Liebsker & Moore Nonpriority Creditor's Name | Last 4 digits of account number  | \$0.00      |
|        | 10 South LaSalle Street  | When was the debt incurred?  |             |
|        | Suite 220  |  |             |
|        | Chicago, IL 60603  Number Street City State Zlp Code           | As of the date you file, the claim is: Check all that apply  |             |
|        | Who incurred the debt? Check one.                              | As of the date you me, the claim is. Oneok an that apply   |             |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |
|        | Debtor 2 only  | ☐ Unliquidated   |             |
|        | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |             |
|        | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:   |             |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans  |             |
|        | debt Is the claim subject to offset?                           | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
|        | Yes  | ■ Other. Specify collection for HSBC; notice only  |             |
| 4.6    | Blitt and Gaines   | Last 4 digits of account number  | \$0.00      |
| 4.0    | Nonpriority Creditor's Name                                    |  | φ0.00       |
|        | 661 Glenn Avenue   | When was the debt incurred?  |             |
|        | Wheeling, IL 60090  Number Street City State Zlp Code          | As of the date you file, the claim is: Check all that apply  |             |
|        | Who incurred the debt? Check one.                              | As of the date you me, the claim is. Oneok an that apply   |             |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |             |
|        | Debtor 1 and Debtor 2 only                                     | ☐ Disputed   |             |
|        | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:   |             |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans  |             |
|        | debt Is the claim subject to offset?                           | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
|        | Yes  | Other. Specify collector for Cavalry; notice only  |             |
|        |  | — Outor. Opening   |             |
| 4.7    | Calvary Portfolio Services  Nonpriority Creditor's Name        | Last 4 digits of account number 1512   | \$31,086.00 |
|        | 500 Summit Lake Dr   | When was the debt incurred? Opened 3/01/15   |             |
|        | Ste 400  |  |             |
|        | Valhalla, NY 10595  Number Street City State Zlp Code          | As of the date you file, the claim is: Check all that apply  |             |
|        | Who incurred the debt? Check one.                              | Constitution of the state of th |             |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |
|        | Debtor 2 only  | ☐ Unliquidated   |             |
|        | ☐ Debtor 1 and Debtor 2 only                                   | Disputed   |             |
|        | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:   |             |
|        | ☐ Check if this claim is for a community                       | ☐ Student loans  |             |
|        | debt Is the claim subject to offset?                           | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |             |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |             |
|        | ☐ Yes  | ■ Other Specify Collection Attorney Citibank   |             |
|        |  | - Outer, specify   |             |

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Debtor 1 Luba Manos Case number (if know) 4.8 Cap1/carsn Last 4 digits of account number 3287 \$0.00 Nonpriority Creditor's Name Opened 9/24/10 Last Active When was the debt incurred? 12/03/10 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.9 **Certified Services Inc** Last 4 digits of account number \$35.00 9795 Nonpriority Creditor's Name Po Box 177 When was the debt incurred? Opened 2/01/14 Waukegan, IL 60079 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney David L Gates Other. Specify ☐ Yes **Associates** 4.1 0767 **Certified Services Inc** \$17.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 177 When was the debt incurred? Opened 5/01/11 Waukegan, IL 60079 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community deht ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other, Specify Collection Attorney Dr Suzanne L Battaglia ☐ Yes

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Case number (if know)

| Debio    | LUDA MATIOS   |  | Case number (ii know)                         |            |
|----------|---|--|---|------------|
| 4.1<br>1 | Chase Crad Services   | Last 4 digits of account number  | 9772  | \$8,792.00 |
|          | Nonpriority Creditor's Name Po Box 15298 Wilmington, DE 19050   | When was the debt incurred?  | Opened 12/01/95 Last Active 5/01/12           |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | ☐ Debtor 1 only ☐ Debtor 2 only   | ☐ Contingent☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed  Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim:                                      |            |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|          | Yes   | Other. Specify Credit Card   | <u> </u>                                      |            |
| 4.1      | Comenity Bank/Ann Taylor  Nonpriority Creditor's Name   | Last 4 digits of account number  | 4431  | \$0.00     |
|          | Po Box 182125<br>Columbus, OH 43218   | When was the debt incurred?  | Opened 4/01/11 Last Active 4/25/11            |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |   |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|          | Yes   | Other. Specify Charge Acc  | count   |            |
| 4.1      | HSBC BSBUY Nonpriority Creditor's Name  | Last 4 digits of account number  |   | \$2,422.00 |
|          | P.O. Box 15524<br>Wilmington, DE 19850  | When was the debt incurred?  |   |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.   | As of the date you file, the claim   | is: Check all that apply                      |            |
|          | Debtor 1 only   | ☐ Contingent   |   |            |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                      |            |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?   | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|          | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|          | ☐ Yes   | Other Specify credit card  |   |            |
|          |   |  |   |            |

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| Debi     | COT 1 LUDA MANOS   | Case number (if know)   |                   |
|----------|--|---|-------------------|
| 4.1      | JCPenney   | Last 4 digits of account number   | \$615.00          |
| 4        | Nonpriority Creditor's Name  Customer Service P.P. Box 981131                                | When was the debt incurred?   | ********          |
|          | El Paso, TX 79998-1131  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                   |
|          | ■ Debtor 1 only  | ☐ Contingent  |                   |
|          | Debtor 2 only  | ☐ Unliquidated  |                   |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed  |                   |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                   |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |                   |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                   |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                   |
|          | Yes  | Other. Specify Credit Card  |                   |
| 4.1      | Joel Cardis LLC  | Last 4 digits of account number   | \$1,606.00        |
| 5        | Nonpriority Creditor's Name  |   | <b>V</b> 1,000.00 |
|          | 2006 Swede Rd Ste 100<br>Norristown, PA 19401  | When was the debt incurred?   |                   |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the claim is: Check all that apply   |                   |
|          | ■ Debtor 1 only  | ☐ Contingent  |                   |
|          | Debtor 2 only  | ☐ Unliquidated  |                   |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |                   |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |                   |
|          | ☐ Check if this claim is for a community   | ☐ Student loans   |                   |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                   |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                   |
|          | Yes  | ■ Other. Specify collection for Athletico   |                   |
| 4.1<br>6 | JP Morgan Chase  | Last 4 digits of account number   | \$1,492.00        |
| <u>-</u> | Nonpriority Creditor's Name P.O. Box 659754  | When was the debt incurred?   |                   |
|          | San Antonio, TX 78265  Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |                   |
|          | Debtor 1 only  | Пол   |                   |
|          | Debtor 2 only  | ☐ Contingent  |                   |
|          | Debtor 1 and Debtor 2 only   | ☐ Unliquidated  |                   |
|          | At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |                   |
|          |  | Student loans   |                   |
|          | ☐ Check if this claim is for a community debt Is the claim subject to offset?                | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                   |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                   |
|          | □ Yes  | ■ Other. Specify bank overdraft   |                   |
|          |  | — Outer, Openiy   |                   |

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Case number (if know)

| Debio | Luba Mailos  | Case number (il know)   |   |
|-------|--|---|---|
| 4.1   | Liberty Mutual   | Last 4 digits of account number   | \$530.00                                |
|       | Nonpriority Creditor's Name  100 Liberty Way   | When was the debt incurred?   |   |
|       | Dover, NH 03820  Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |   |
|       | Who incurred the debt? Check one.  | ,   |   |
|       | Debtor 1 only  | ☐ Contingent  |   |
|       | Debtor 2 only  | ☐ Unliquidated  |   |
|       | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |   |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |   |
|       | ☐ Yes  | ■ Other. Specify Home Insurance   |   |
| 4.1   | Liberty Roofing and Siding   | Last 4 digits of account number   | \$7,652.00                              |
| 0     | Nonpriority Creditor's Name 1901 N. Roselle Rd.  | When was the debt incurred?   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|       | Suite 800 Schaumburg, IL 60195 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |
|       | Debtor 1 only  | ☐ Contingent  |   |
|       | Debtor 2 only  | ☐ Unliquidated  |   |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |   |
|       | ☐ Yes  | ■ Other. Specify Home Improvement   |   |
| 4.1   | Midland Funding  | Last 4 digits of account number 8890  | \$615.00                                |
| 9     | Nonpriority Creditor's Name  |   | *************************************** |
|       | 2365 Northside Dr<br>Suite 300   | When was the debt incurred? Opened 2/01/14  |   |
|       | San Diego, CA 92108  Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |   |
|       | Who incurred the debt? Check one.  | As of the date you me, the dain is. Check all that apply  |   |
|       | Debtor 1 only  | ☐ Contingent  |   |
|       | Debtor 2 only  | ☐ Unliquidated  |   |
|       | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  |   |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |   |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |
|       | No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |   |
|       | ☐ Yes  | Factoring Company Account Ge Capital  Other. Specify Retail Bank: collection for JC Penny                 |   |

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Case number (if know)

| Debto    | 1 Luba Manos                                   | Case number (if know)   |          |
|----------|--|---|----------|
| 4.2      | Northwestern Medical Faculty                   |   |          |
| 0        | Found  | Last 4 digits of account number 9682  | \$450.00 |
|          | Nonpriority Creditor's Name<br>38693 Eagle Way | When was the debt incurred?   |          |
|          | Chicago, IL 60678                              |   |          |
|          | Number Street City State Zlp Code              | As of the date you file, the claim is: Check all that apply                     |          |
|          | Who incurred the debt? Check one.              |   |          |
|          | ☐ Debtor 1 only                                | ☐ Contingent  |          |
|          | Debtor 2 only                                  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only                   | ☐ Disputed  |          |
|          | At least one of the debtors and another        | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community       | ☐ Student loans   |          |
|          | debt   | Dobligations arising out of a separation agreement or divorce that you did not  |          |
|          | Is the claim subject to offset?                | report as priority claims   |          |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts               |          |
|          | ☐ Yes  | ■ Other. Specify medical  |          |
|          |  | — Ontor. Opening  |          |
| 4.2      | Pier One Imports                               | Last 4 digits of account number   | \$419.00 |
| 1        | Nonpriority Creditor's Name                    | Last 4 digits of account number   | Ψ+13.00  |
|          | POB 12914                                      | When was the debt incurred?   |          |
|          | Norfolk, VA 23541                              |   |          |
|          | Number Street City State Zlp Code              | As of the date you file, the claim is: Check all that apply                     |          |
|          | Who incurred the debt? Check one.              |   |          |
|          | ■ Debtor 1 only                                | ☐ Contingent  |          |
|          | Debtor 2 only                                  | ☐ Unliquidated  |          |
|          | ☐ Debtor 1 and Debtor 2 only                   | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another      | Type of NONPRIORITY unsecured claim:  |          |
|          | ☐ Check if this claim is for a community       | ☐ Student loans   |          |
|          | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not |          |
|          | Is the claim subject to offset?                | report as priority claims   |          |
|          | No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |          |
|          | Yes  | ■ Other. Specify Credit Card  |          |
|          |  |   |          |
| 4.2<br>2 | Portfolio Recovery                             | Last 4 digits of account number 7746  | \$419.00 |
|          | Nonpriority Creditor's Name                    | When we the debt incurred? Opened 2/04/44                                       |          |
|          | Attn: Bankruptcy Po Box 41067                  | When was the debt incurred? Opened 2/01/14                                      |          |
|          | Norfolk, VA 23541                              |   |          |
|          | Number Street City State Zlp Code              | As of the date you file, the claim is: Check all that apply                     |          |
|          | Who incurred the debt? Check one.              |   |          |
|          | Debtor 1 only                                  | ☐ Contingent  |          |
|          | Debtor 2 only                                  | ☐ Unliquidated  |          |
|          | Debtor 1 and Debtor 2 only                     | ☐ Disputed  |          |
|          | ☐ At least one of the debtors and another      | Type of NONPRIORITY unsecured claim:  |          |
|          |  | ☐ Student loans   |          |
|          | ☐ Check if this claim is for a community debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |          |
|          | Is the claim subject to offset?                | report as priority claims   |          |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts             |          |
|          |  | Factoring Company Account World   |          |
|          |  | Financial Network Bank: collection for Pier                                     |          |
|          | ☐ Yes  | Other. Specify One  |          |

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| Debto | Luba Manos  | Case number (if know)   |                 |
|-------|---|---|-----------------|
| 4.2   | Raymond Kloss   | Last 4 digits of account number   | \$4,975.00      |
| 3     | Nonpriority Creditor's Name<br>505 E. Hawley St. Ste 130<br>Mundelein, IL 60060 | When was the debt incurred?   | ¥ 3,0 1 0 0 0 0 |
|       | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |                 |
|       | Who incurred the debt? Check one.   |   |                 |
|       | ■ Debtor 1 only   | ☐ Contingent  |                 |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |                 |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                 |
|       | $\square$ At least one of the debtors and another                               | Type of NONPRIORITY unsecured claim:  |                 |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |                 |
|       | debt Is the claim subject to offset?  | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims  |                 |
|       | No  | □ Debts to pension or profit-sharing plans, and other similar debts                                       |                 |
|       | Yes   | Other. Specify attorneys fees  Other. Specify attorneys fees  |                 |
|       | i res   | Other. Specify  |                 |
| 4.2   |   |   |                 |
| 4     | Sam Azarian & Sons  | Last 4 digits of account number   | \$451.00        |
|       | Nonpriority Creditor's Name 726 Water St  | When was the debt incurred?   |                 |
|       | Racine, WI 53403  Number Street City State Zlp Code                             | As of the date you file, the claim is: Check all that apply   |                 |
|       | Who incurred the debt? Check one.   | The of the date year me, the dammer of cook an that apply   |                 |
|       | ☐ Debtor 1 only   | ☐ Contingent  |                 |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |                 |
|       | ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |                 |
|       | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                 |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |                 |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                 |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |                 |
|       | Yes   | ■ Other. Specify spouse boat fees from boat owned with former spouse                                      |                 |
| 4.2   | United Recovery Systems   | Last 4 digits of account number   | \$0.00          |
|       | Nonpriority Creditor's Name  5800 North Coarse Drive                            | When was the debt incurred?   |                 |
|       | Houston, TX 77072  Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply   |                 |
|       | Who incurred the debt? Check one.   | The of the state year me, the statement of the capping  |                 |
|       | Debtor 1 only   | ☐ Contingent  |                 |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |                 |
|       | Debtor 1 and Debtor 2 only  | □ Disputed  |                 |
|       | ☐ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:  |                 |
|       | ☐ Check if this claim is for a community  | ☐ Student loans   |                 |
|       | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |                 |
|       | Is the claim subject to offset?   | report as priority claims   |                 |
|       | No  | Debts to pension or profit-sharing plans, and other similar debts   |                 |
|       | Yes   | ■ Other. Specify collection agecny; notice only   |                 |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

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| Debtor 1 Luba Manos   |                                  | Case number (if know)  |  |  |  |
|---|----------------------------------|--|--|--|--|
| Best Buy<br>P.O. Box 17298<br>Baltimore, MD 21297                 | Line 4.13 of (Check one):        | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Baitimore, MD 21297   | Last 4 digits of account number  |  |  |  |  |
| Name and Address  | On which entry in Part 1 or Part | 2 did you list the original creditor?  |  |  |  |
| Citibank  | Line 4.7 of (Check one):         | ☐ Part 1: Creditors with Priority Unsecured Claims   |  |  |  |
| Centralized Bankruptcy<br>P.O. Box 20507<br>Kansas City, MO 64195 |                                  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |
|   | Last 4 digits of account number  |  |  |  |  |

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | 7  | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total                 |     |   |     |    | <u>.</u>    |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       |     |   |     |    | Total Claim |
|                       | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims          |     |   |     |    |             |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 83,089.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 83,089.00   |

| Fill in this infor  | rmation to identify your | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            | Luba Manos               |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 1   | Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code |        |          |          | State what the contract or lease is for |
|-----|--|--------|----------|----------|---|
| 2.1 |  |        |          |          |   |
|     | Name   |        |          |          | <del>_</del>                            |
|     | Name   |        |          |          |   |
|     |  |        |          |          |   |
|     | Number   | Street |          |          | _                                       |
|     |  |        |          |          |   |
|     | City   |        | State    | ZIP Code | _                                       |
| 2.2 |  |        |          |          |   |
|     | Name   |        |          |          | _                                       |
|     | Name   |        |          |          |   |
|     |  |        |          |          |   |
|     | Number   | Street |          |          | _                                       |
|     |  |        |          |          |   |
|     | City   |        | State    | ZIP Code | _                                       |
| 0.0 | City   |        | State    | ZIF Code |   |
| 2.3 |  |        |          |          | _                                       |
|     | Name   |        |          |          |   |
|     |  |        |          |          |   |
|     | Number   | Street |          |          | _                                       |
|     | Number   | Sireet |          |          |   |
|     |  |        | <u> </u> | 710.0    | _                                       |
|     | City   |        | State    | ZIP Code |   |
| 2.4 |  |        |          |          |   |
|     | Name   |        |          |          | _                                       |
|     |  |        |          |          |   |
|     |  |        |          |          | _                                       |
|     | Number   | Street |          |          |   |
|     |  |        |          |          |   |
|     | City   |        | State    | ZIP Code |   |
| 2.5 |  |        |          |          |   |
|     | Name   |        |          |          |   |
|     | ramo   |        |          |          |   |
|     |  |        |          |          |   |
|     | Number   | Street |          |          | _                                       |
|     |  |        |          |          |   |
|     | City   |        | State    | ZIP Code | _                                       |
|     | y  |        |          |          |   |

|   |   | Documer                        | nt Page 33 of 59   |   |
|---|---|--------------------------------|--|---|
| Fill in this  | information to identify your  | case:                          |  |   |
| Debtor 1  | Luba Manos  |                                |  |   |
|   | First Name  | Middle Name                    | Last Name  |   |
| Debtor 2  | ·   |                                |  |   |
| (Spouse if, filing  | ng) First Name  | Middle Name                    | Last Name  |   |
| United Sta  | ites Bankruptcy Court for the:                                      | NORTHERN DISTRICT              | OF ILLINOIS  |   |
| Case num  | her   |                                |  |   |
| (if known)  |   |                                |  | ☐ Check if this is an   |
|   |   |                                |  | amended filing  |
| O((; - ; -  | I <b>F</b> 40011  |                                |  |   |
|   | l Form 106H   |                                |  |   |
| Sched   | lule H: Your Cod  | ebtors                         |  | 12/15   |
| <ol> <li>Do</li> <li>No</li> <li>Yes</li> <li>With</li> </ol> | s<br>hin the last 8 years, have you                                 | you are filing a joint case, d | o not list either spouse as a codeb<br>perty state or territory? (Commit<br>rto Rico, Texas, Washington, and | unity property states and territories include   |
| `   | Go to line 3. s. Did your spouse, former spou                       | use, or legal equivalent live  | with you at the time?  |   |
| in line<br>Form   | e 2 again as a codebtor only i                                      | f that person is a guarante    | or or cosigner. Make sure you h  | ouse is filing with you. List the person shown ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to fill |
|   | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI | P Code                         |  | n 2: <b>The creditor to whom you owe the debt</b> all schedules that apply:   |
| 3.1   | Bruce Manos   |                                | □ Scl<br>□ Scl   | nedule D, linenedule E/F, linenedule G<br>e Mortgage  |
| 3.2   | Bruce Manos   |                                | □ Scl<br>□ Scl   | nedule D, line2.3<br>nedule E/F, line<br>nedule G<br>prtgage Inc  |

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| supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is neattach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every quent at the content of the conte   | En.                   | and their single-constraints and  |  |  |                       |                 |                                     |                            |                            |                 |
|--|-----------------------|---|--|--|-----------------------|-----------------|-------------------------------------|----------------------------|----------------------------|-----------------|
| Debtor 2   Spower, a Firing    United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS   Case number   |                       | n this information to identify yo   | our case:  |  |                       |                 |                                     |                            |                            |                 |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS    Case number   | Deb                   | tor 1 Luba Ma   | anos   |  |                       | _               |                                     |                            |                            |                 |
| Case number (If known)    Check if this is:  |                       | ···· =  |  |  |                       | _               |                                     |                            |                            |                 |
| Official Form 106  Schedule I: Your Income Be as complete and accurate as possible. If two married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is nee attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question that a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Employer's address  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  Estimate monthly gross wages, salary, and commissions (before all payroll gedecutions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A \$ N/ | Unit                  | ed States Bankruptcy Court fo   | or the: NORTHERN DISTRIC   | CT OF ILLINOIS                                   |                       | _               |                                     |                            |                            |                 |
| Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible supplying correct information. If you are married and not filling fointly, and your spouse is living with you, include information about your spouse. If more space is neat tach a separated and your spouse is not filling with you, do not include information about your spouse. If more space is neat tach a separated sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question as exparate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Receptionist  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's name  Employer's address  Midwest Center Women's Healthcare  Employer's address  250 E. Center Drive Ste 101 Vernon Hills, IL 60061  How long employed there?  3.5 years  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fill spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  N/A  |                       |   |  | -  |                       |                 | ☐ An amend☐ A supplem               | ed filing<br>ent showing   |                            |                 |
| Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about you spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is nee attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Occupation  Receptionist  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's name  Employer's address  Diverson Hills, IL 60061  How long employed there?  3.5 years  Fart 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A   | Of                    | ficial Form 106I  |  |  |                       |                 | MM / DD/                            | YYYY                       | · ·                        |                 |
| supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about yor spouse. If more space is nee attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questatch a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questatch a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questatch a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every questatch a separate sheet to this form. If you have more than one job, attach a separate page with information about additional employers.  Occupation  Receptionist  Midwest Center Women's Healthcare  Employer's name  Employer's address  250 E. Center Drive Ste 101 Vernon Hills, IL 60061  How long employed there?  3.5 years  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll  2. deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$2,250.00\$ \$\$ N/A\$   | Sc                    | hedule I: Your I  | ncome  |  |                       |                 | WIWI 7 DD7                          |                            |                            | 12/15           |
| If you have more than one job, attach a separate page with information about additional employers.    Include part-time, seasonal, or self-employed work.   Employer's name or homemaker, if it applies.   Employer's address   Employer's addr  | supp<br>spou<br>attac | olying correct information. If use. If you are separated and the a separate sheet to this form. | you are married and not fili<br>I your spouse is not filing w<br>orm. On the top of any additi | ng jointly, and your s<br>ith you, do not includ | spouse i<br>de infori | s livi<br>natio | ng with you, inc<br>n about your sp | lude inform<br>ouse. If mo | ation about<br>re space is | your<br>needed, |
| attach a separate page with information about additional employers.  Occupation  Receptionist  Include part-time, seasonal, or self-employed work.  Occupation and provided student or homemaker, if it applies.  Employer's name  Employer's address  Employer's address  250 E. Center Drive Ste 101  Vernon Hills, IL 60061  How long employed there?  3.5 years  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  3. Estimate and list monthly overtime pay.  | 1.                    |   |  | Debtor 1   |                       |                 | Debtor                              | 2 or non-fil               | ing spouse                 |                 |
| Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  Sociations  Receptionist  Midwest Center Women's Healthcare  250 E. Center Drive Ste 101  Vernon Hills, IL 60061  How long employed there?  3.5 years  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fill you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. +\$ 0.00 +\$ N/A   | i                     | attach a separate page with information about additional  | b, Employment status   | ■ Employed                                       |                       |                 | ☐ Emp                               | loyed                      |                            |                 |
| Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name  Employer's address  250 E. Center Drive Ste 101  Vernon Hills, IL 60061  How long employed there?  3.5 years  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filispouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                       |   | Employment status  | □ Not employed                                   | ☐ Not employed        |                 |                                     | employed                   |                            |                 |
| Self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  250 E. Center Drive Ste 101 Vernon Hills, IL 60061  How long employed there?  3.5 years  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                       |   | Occupation   | Receptionist                                     |                       |                 |                                     |                            |                            |                 |
| Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filispouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  N/A  Sestimate and list monthly overtime pay.   |                       |   |  |  | Wome                  | n's             |                                     |                            |                            |                 |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A  |                       |   |  |  |                       | 101             |                                     |                            |                            |                 |
| Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   |                       |   | How long employed t  | here? 3.5 year                                   | rs                    |                 |                                     |                            |                            |                 |
| If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   | Part                  | 2: Give Details About   | t Monthly Income   |  |                       |                 |                                     |                            |                            |                 |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. Stimate and list monthly overtime pay.  For Debtor 1 For Debtor 2 or non-filling spouse  2. \$ 2,250.00 \$ N/A   | spou                  | se unless you are separated.  | •  | ,  | •                     | •               |                                     | ·                          | ·                          | J               |
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,250.00 \$ N/A  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ N/A   |                       |   |  | ombine the imormation                            | ii ioi aii e          | про             | yers for that pers                  | on on the m                | ies below. II              | you need        |
| <ol> <li>deductions). If not paid monthly, calculate what the monthly wage would be.</li> <li>\$</li></ol>   |                       |   |  |  |                       |                 | For Debtor 1                        |                            |                            |                 |
|  | 2.                    |   |  |  | 2.                    | \$_             | 2,250.00                            | \$                         | N/A                        |                 |
| 4. Calculate gross Income. Add line 2 + line 3. 4. \$\bigs\ \bigs\   | 3.                    | Estimate and list monthly of  | overtime pay.  |  | 3.                    | +\$_            | 0.00                                | +\$                        | N/A                        |                 |
|  | 4.                    | Calculate gross Income. A   | dd line 2 + line 3.  |  | 4.                    | \$_             | 2,250.00                            | \$                         | N/A                        |                 |

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| Debto | or 1                         | Luba Manos   | -  |     | Case | number ( <i>if k</i> | nown)        |           |                        |                |                  |
|-------|------------------------------|--|--|-----|------|----------------------|--------------|-----------|------------------------|----------------|------------------|
|       |                              |  |  |     | For  | Debtor 1             |              |           | r Debtor<br>n-filing s |                |                  |
|       | Cop                          | by line 4 here   | 4.   |     | \$   | 2,25                 | 0.00         | \$        | ii iiiiig c            | N/A            |                  |
| 5.    | List                         | t all payroll deductions:  |  |     |      |                      |              |           |                        |                |                  |
| ٠.    | 5a.                          | Tax, Medicare, and Social Security deductions  | 58   | 2   | \$   | 34.                  | 7.00         | \$        |                        | N/A            |                  |
|       | 5b.                          | Mandatory contributions for retirement plans   | 5k   |     | \$_  |                      | 0.00         | \$_       |                        | N/A            | _                |
|       | 5c.                          | Voluntary contributions for retirement plans   | 50   |     | \$   |                      | 0.00         | \$        |                        | N/A            | _                |
|       | 5d.                          | Required repayments of retirement fund loans   | 50   | d.  | \$   |                      | 0.00         | \$        |                        | N/A            | _                |
|       | 5e.                          | Insurance  | 56   | Э.  | \$   | 17                   | 6.00         | \$        |                        | N/A            | _                |
|       | 5f.                          | Domestic support obligations   | 5f   |     | \$   |                      | 0.00         | \$        |                        | N/A            | _                |
|       | 5g.                          | Union dues   | 50   | -   | \$   |                      | 0.00         | \$_       |                        | N/A            | _                |
|       | 5h.                          | Other deductions. Specify:   | _ 5h   | า.+ | \$_  |                      | 0.00         | + \$_     |                        | N/A            | -                |
| 6.    | Add                          | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.   |     | \$_  |                      | 3.00         | \$_       |                        | N/A            | _                |
| 7.    | Cal                          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.   |     | \$   | 1,82                 | 7.00         | \$_       |                        | N/A            | _                |
| 8.    | List<br>8a.                  | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |  |     |      |                      |              |           |                        |                |                  |
|       |                              | monthly net income.  | 88   | а.  | \$   | (                    | 0.00         | \$        |                        | N/A            |                  |
|       | 8b.                          | Interest and dividends   | 8k   | Э.  | \$   |                      | 0.00         | \$        |                        | N/A            |                  |
|       | 8c.                          | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80   | Э.  | \$   | 58:                  | 3.00         | \$        |                        | N/A            |                  |
|       | 8d.                          | Unemployment compensation  | 80   | d.  | \$   |                      | 0.00         | \$        |                        | N/A            | _                |
|       | 8e.                          | Social Security  | 86   | €.  | \$   |                      | 0.00         | \$_       |                        | N/A            | _                |
|       | 8f.<br>8g.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | 8f<br>8g   |     | \$   |                      | 0.00<br>0.00 | \$_<br>\$ |                        | N/A<br>N/A     | _                |
|       | 8h.                          | Other monthly income. Specify:   | 8  | า.+ | \$   |                      | 0.00         | + \$      |                        | N/A            | _                |
| 9.    | Add                          | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | er income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$\$ \$\$ \$\$ |     |      | N/A                  | 4            |           |                        |                |                  |
| 10    | Cal                          | aulata manthiu inaama. Add lina 7 u lina 0   | 10.  | \$  |      | 2 440 00             | + \$         |           | NI/A                   | = \$           | 2 440 00         |
| 10.   |                              | culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.  | Φ_  |      | 2,410.00             | + \$         |           | N/A                    | = \$ _         | 2,410.00         |
|       | Star<br>Inclination<br>Other | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:                           | dep  |     | -    | •                    |              | -         | Schedule               | e J.<br>+\$    | 0.00             |
|       |                              | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies  |  |     |      |                      |              |           | e.<br>12.              | \$             | 2,410.00         |
| 13.   | Do ;                         | you expect an increase or decrease within the year after you file this form No.  | ?  |     |      |                      |              |           |                        | Combi<br>month | ned<br>ly income |
|       | _                            | Yes Explain:   |  |     |      |                      |              |           |                        |                |                  |

Official Form 106I Schedule I: Your Income page 2

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| -دريح                        | in Alain in C                                   | tion to identify                                      |                                     |   |                       | 1                 |  |                               |  |  |  |
|------------------------------|---|---|-------------------------------------|---|-----------------------|-------------------|--|-------------------------------|--|--|--|
| FIII                         | n this informa                                  | tion to identify yo                                   | our case:                           |   |                       |                   |  |                               |  |  |  |
| Debtor 1 Luba Manos          |   |   |                                     |   |                       | Check if this is: |  |                               |  |  |  |
| Debtor 2 (Spouse, if filing) |   |   |                                     |   |                       | _                 | An amended filing<br>A supplement show | wing postpetition chapter     |  |  |  |
|                              |   |   |                                     |   |                       |                   | 13 expenses as of the following date:  |                               |  |  |  |
| Unite                        | ed States Bankr                                 | uptcy Court for the                                   | : NORTH                             | HERN DISTRICT OF ILLIN                                  | IOIS                  | 1                 | MM / DD / YYYY                         |                               |  |  |  |
|                              | e number  |   |                                     |   |                       |                   |  |                               |  |  |  |
| Ĺ                            |   |   |                                     |   |                       |                   |  |                               |  |  |  |
| Of                           | ficial Fo                                       | rm 106J   |                                     |   |                       |                   |  |                               |  |  |  |
|                              |   | J: Your I   | Exper                               | ises  |                       |                   |  | 12/15                         |  |  |  |
| Be a info                    | as complete a<br>rmation. If m<br>nber (if know | and accurate as<br>ore space is ne<br>n). Answer ever | possible<br>eded, atta<br>y questio | . If two married people a<br>ich another sheet to this  |                       |                   |  |                               |  |  |  |
| Part<br>1.                   | Descr<br>Is this a joir                         | ibe Your House<br>nt case?                            | hold                                |   |                       |                   |  |                               |  |  |  |
|                              | ■ No. Go to                                     | line 2.   | in a senar                          | ate household?  |                       |                   |  |                               |  |  |  |
|                              | □ N   |   | п и осри                            | ate mousemora.  |                       |                   |  |                               |  |  |  |
|                              | □ Y   | es. Debtor 2 mus                                      | st file Offici                      | ial Form 106J-2, <i>Expense</i>                         | s for Separate House  | ehold of Debte    | or 2.                                  |                               |  |  |  |
| 2.                           | Do you have                                     | e dependents?   | □ No                                |   |                       |                   |  |                               |  |  |  |
|                              | Do not list Do Debtor 2.                        |   |                                     |   |                       | ionship to<br>r 2 | Dependent's age                        | Does dependent live with you? |  |  |  |
|                              | Do not state                                    | the   |                                     |   |                       |                   |  | □ No                          |  |  |  |
|                              | dependents names.                               |   |                                     |   | Daughter              |                   | 22                                     | Yes                           |  |  |  |
|                              |   |   |                                     |   |                       |                   |  | □ No                          |  |  |  |
|                              |   |   |                                     |   | -                     |                   |  | ☐ Yes                         |  |  |  |
|                              |   |   |                                     |   |                       |                   |  | □ No<br>□ Yes                 |  |  |  |
|                              |   |   |                                     |   |                       |                   |  | □ No                          |  |  |  |
|                              |   |   |                                     |   |                       |                   |  | ☐ Yes                         |  |  |  |
| 3.                           | Do your exp                                     | enses include   | _                                   | No  | -                     |                   |  | <b>-</b> 100                  |  |  |  |
|                              |   | f people other tl<br>d your depende                   | han $_{oldsymbol{\sqcap}}$          | Yes   |                       |                   |  |                               |  |  |  |
| Part                         | 2: Estim  | ate Your Ongoi  | na Manth                            | ly Evnonces   |                       |                   |  |                               |  |  |  |
| Esti<br>exp                  | imate your ex                                   | cpenses as of yo                                      | our bankr                           | uptcy filing date unless yes is filed. If this is a sup |                       |                   |  |                               |  |  |  |
| Incl                         | ude expense                                     | s paid for with r                                     | non-cash                            | government assistance                                   | if vou know           |                   |  |                               |  |  |  |
| the                          |   | h assistance and                                      |                                     | cluded it on Schedule I:                                |                       |                   | Your exp                               | enses                         |  |  |  |
| 4.                           |   | or home owners  |                                     | ases for your residence.<br>or lot.                     | Include first mortgag | e<br>4. \$        |  | 900.00                        |  |  |  |
|                              | If not includ                                   | led in line 4:  |                                     |   |                       |                   |  |                               |  |  |  |
|                              | 4a. Real e                                      | estate taxes  |                                     |   |                       | 4a. \$            |  | 0.00                          |  |  |  |
|                              | 4b. Prope                                       | rty, homeowner's                                      | s, or renter                        | 's insurance  |                       | 4b. \$            |  | 0.00                          |  |  |  |
|                              |   |   |                                     | upkeep expenses   |                       | 4c. \$            |  | 50.00                         |  |  |  |
| E                            |   | owner's associat                                      |                                     |   | ana aguitu la ara     | 4d. \$<br>5. \$   |  | 0.00                          |  |  |  |
| ວ.                           | ACCUITIONAL                                     | nomozoe navme   | THE TOP VO                          | <b>our residence</b> , such as ho                       | ime equity loans      | 5 %               |  | 0.00                          |  |  |  |

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| btor 1     | Luba Manos   | Case num     | ber (if known) |          |
|------------|--|--------------|----------------|----------|
| Util       | ities:   |              |                |          |
| 6a.        | Electricity, heat, natural gas   | 6a.          | \$             | 100.00   |
| 6b.        | Water, sewer, garbage collection   | 6b.          | \$             | 44.00    |
| 6c.        | Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | \$             | 78.00    |
| 6d.        | Other. Specify:  | 6d.          | \$             | 0.00     |
| Foo        | od and housekeeping supplies   |              | \$             | 380.00   |
| Chi        | Idcare and children's education costs  | 8.           | \$             | 0.00     |
| Clo        | thing, laundry, and dry cleaning   | 9.           | \$             | 18.00    |
| Per        | sonal care products and services   | 10.          | \$             | 20.00    |
| Med        | dical and dental expenses  | 11.          | \$             | 50.00    |
|            | nsportation. Include gas, maintenance, bus or train fare.  | 40           | •              | 125.00   |
|            | not include car payments.  | 12.          | \$             |          |
|            | ertainment, clubs, recreation, newspapers, magazines, and books  | 13.          | \$             | 40.00    |
|            | aritable contributions and religious donations   | 14.          | \$             | 0.00     |
|            | urance.  not include insurance deducted from your pay or included in lines 4 or 20.  |              |                |          |
|            | . Life insurance   | 15a.         | \$             | 22.00    |
|            | . Health insurance   | 15a.<br>15b. |                | 0.00     |
|            | . Vehicle insurance  | 15c.         | \$             | 144.00   |
|            | . Other insurance. Specify:  | 15d.         | ·              | 0.00     |
|            | es. Do not include taxes deducted from your pay or included in lines 4 or 20.  |              | Ψ              | 0.00     |
|            | cify:  | 16.          | \$             | 0.00     |
|            | allment or lease payments:   |              | •              |          |
|            | . Car payments for Vehicle 1   | 17a.         | · · ————       | 283.00   |
|            | . Car payments for Vehicle 2   | 17b.         | \$             | 0.00     |
|            | Other. Specify:  | 17c.         | ·              | 0.00     |
|            | Other. Specify:  | 17d.         | \$             | 0.00     |
|            | ir payments of alimony, maintenance, and support that you did not report as  | 18.          | \$             | 0.00     |
|            | lucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). er payments you make to support others who do not live with you. | 10.          | \$             | 0.00     |
|            | cify:  | 19.          | Ψ              | 0.00     |
|            | er real property expenses not included in lines 4 or 5 of this form or on Sche   |              | our Income     |          |
|            | . Mortgages on other property  | 20a.         |                | 0.00     |
|            | . Real estate taxes  | 20b.         |                | 0.00     |
| 20c        | . Property, homeowner's, or renter's insurance   | 20c.         |                | 0.00     |
|            | . Maintenance, repair, and upkeep expenses   | 20d.         |                | 0.00     |
|            | . Homeowner's association or condominium dues  | 20e.         | \$             | 0.00     |
| . Oth      | er: Specify: payments for daughter's expenses per divorce  | 21.          | +\$            | 150.00   |
| Cal        | culate your monthly expenses   |              |                |          |
|            | . Add lines 4 through 21.  |              | \$             | 2,404.00 |
|            | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$             | 2,707.00 |
|            |  |              | ¢              | 2 404 00 |
|            | . Add line 22a and 22b. The result is your monthly expenses.   |              | Φ              | 2,404.00 |
| Cal        | culate your monthly net income.  |              | •              |          |
|            | . Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | <b>&gt;</b>    | 2,410.00 |
| 23a        |  |              | Δ.             |          |
| 23a        | . Copy your monthly expenses from line 22c above.  | 23b.         | -\$            | 2,404.00 |
| 23a<br>23b |  | 23b.<br>23c. |                | 2,404.00 |

#### 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: House is scheduled for foreclosure sale. Rent stated is anticipated amount after foreclosure when she can afford a place to rent.

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| Debtor 1   | Luba Manos First Name  | Middle Name   | Last Name                   |   |  |
|--|--|---|-----------------------------|---|--|
| ebtor 2  | . not realing  | made Name   | <u> </u>                    |   |  |
| Spouse if, filing)   | First Name   | Middle Name   | Last Name                   |   |  |
| Inited States Ba   | ankruptcy Court for the:   | NORTHERN DISTRIC  | T OF ILLINOIS               |   |  |
| ase number   |  |   |                             |   |  |
| known)   |  |   |                             |   | ☐ Check if this is an amended filing   |
| fficial For  | m 106Dec   |   |                             |   |  |
|  |  | an Individua  | l Debtor's Scl              | hedules                                 | 12/1:  |
|  |  |   | onsible for supplying corre |   |  |
| taining mone   |  | n connection with a bar   |                             |   | tement, concealing property, or<br>00, or imprisonment for up to 20          |
| taining mone<br>ars, or both. 1                            | y or property by fraud in  | n connection with a bar   |                             |   |  |
| taining mone<br>ars, or both. 1<br>Sig                     | y or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1<br>In Below   | n connection with a bar<br>1519, and 3571.                            |                             | fines up to \$250,0                     |  |
| taining mone<br>ars, or both. 1<br>Sig                     | y or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1<br>In Below   | n connection with a bar<br>1519, and 3571.                            | kruptcy case can result in  | fines up to \$250,0                     |  |
| staining mone ars, or both. 1  Sig  Did you pa             | y or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1<br>In Below   | n connection with a bar<br>1519, and 3571.                            | kruptcy case can result in  | nkruptcy forms?                         | 000, or imprisonment for up to 20  |
| Did you pa   | y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 in Below  ay or agree to pay some  | n connection with a bar<br>1519, and 3571.<br>eone who is NOT an atto | kruptcy case can result in  | ankruptcy forms?  Attach Bai Declaratio | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
| Did you pa   | y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below  ay or agree to pay some  Name of person  alty of perjury, I declare re true and correct. | n connection with a bar<br>1519, and 3571.<br>eone who is NOT an atto | kruptcy case can result in  | ankruptcy forms?  Attach Bai Declaratio | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |
| Did you pa  No  Ves.  Under penathat they ar  X /s/ Luba I | y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 In Below  ay or agree to pay some  Name of person  alty of perjury, I declare re true and correct. | n connection with a bar<br>1519, and 3571.<br>eone who is NOT an atto | ekruptcy case can result in | ankruptcy forms?  Attach Bai Declaratio | nkruptcy Petition Preparer's Notice,<br>n, and Signature (Official Form 119) |

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| Fill in          | this inform             | nation to identify you                        | case:                                   |   |   |   |
|------------------|-------------------------|---|---|---|---|---|
| Debto            | r 1                     | Luba Manos                                    |   |   |   |   |
|                  | 0                       | First Name                                    | Middle Name                             | Last Name   |   |   |
| Debto<br>(Spouse | r 2<br>if, filing)      | First Name                                    | Middle Name                             | Last Name   |   |   |
| United           | l States Bar            | nkruptcy Court for the:                       | NORTHERN DISTRICT                       | OF ILLINOIS   |   |   |
| Casa             | number                  |   |   |   |   |   |
| (if know         |                         |   |   |   |   | theck if this is an mended filing                     |
| Offic            | cial Fo                 | rm 107  |   |   |   |   |
|                  |                         | -   | Affairs for Indivi                      | duals Filing for E  | Bankruptcy  | 4/16  |
| inform           | ation. If mer (if known | ore space is needed,<br>i). Answer every ques | attach a separate sheet to              | this form. On the top of an   | equally responsible for sup<br>y additional pages, write you      |   |
|                  |                         | current marital statu                         |   | <del></del>   |   |   |
| _                | _                       |   |   |   |   |   |
|                  | Married Not mar         | ried  |   |   |   |   |
|                  |                         |   | Providence of an discontinuo            | t   |   |   |
| 2. D             | uring the ia            | ist 3 years, nave you                         | lived anywhere other than               | where you live now?   |   |   |
|                  | No<br>No Lie            | t all of the places you li                    | ived in the last 2 years. Do r          | oot inglude where you live no   |   |   |
|                  |                         |   | ·                                       | not include where you live nov  |   |   |
|                  | Debtor 1 Pri            | or Address:                                   | Dates Debtor 1 lived there              | Debtor 2 Prior Ac   | ddress:   | Dates Debtor 2<br>lived there                         |
|                  |                         |   |   |   | nity property state or territory<br>lico, Texas, Washington and W |   |
|                  | No                      |   |   |   |   |   |
|                  | l Yes. Ma               | ke sure you fill out Sch                      | nedule H: Your Codebtors (C             | Official Form 106H).  |   |   |
| Part 2           | Explai                  | n the Sources of You                          | r Income                                |   |   |   |
| Fi               | ll in the tota          | I amount of income yo                         | u received from all jobs and            | ng a business during this y<br>all businesses, including part<br>ve together, list it only once u |   | ndar years?   |
|                  | l No                    |   |   |   |   |   |
|                  | Yes. Fill               | in the details.                               |   |   |   |   |
|                  |                         |   | Debtor 1                                |   | Debtor 2  |   |
|                  |                         |   | Sources of income Check all that apply. | Gross income<br>(before deductions and<br>exclusions)   | Sources of income<br>Check all that apply.                        | Gross income<br>(before deductions<br>and exclusions) |
|                  |                         | of current year until<br>d for bankruptcy:    | ■ Wages, commissions, bonuses, tips     | \$19,903.24   | ☐ Wages, commissions, bonuses, tips                               |   |
|                  |                         |   | ☐ Operating a business                  |   | ☐ Operating a business  |   |

Official Form 107

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Case number (if known) Debtor 1 Luba Manos

|    |                                |  |   | Debtor 1   |   | Debtor 2   |   |
|----|--------------------------------|--|---|--|---|--|---|
|    |                                | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions<br>and exclusions)             |  |   |
|    | or last caler<br>anuary 1 to   | ndar year:<br>December 3                   | 1, 2015 )   | ■ Wages, commissions, bonuses, tips                              | \$26,796.00   | ☐ Wages, commissions, bonuses, tips                                |   |
|    |                                |  |   | ☐ Operating a business   |   | ☐ Operating a business   |   |
|    |                                | dar year bef<br>December 3                 |   | ■ Wages, commissions, bonuses, tips                              | \$21,459.00   | ☐ Wages, commissions, bonuses, tips                                |   |
|    |                                |  |   | ☐ Operating a business   |   | ☐ Operating a business   |   |
|    | and other winnings.  List each | public benefi<br>If you are filir          | t payments;<br>ng a joint cas<br>ne gross inco        |  | rest; dividends; money collec<br>you received together, list it c | •  |   |
|    |                                |  |   | Debtor 1   |   | Debtor 2   |   |
|    |                                |  |   | Sources of income Describe below.                                | Gross income from each source (before deductions and exclusions)  | Sources of income<br>Describe below.                               | Gross income<br>(before deductions<br>and exclusions) |
|    |                                | y 1 of curren<br>filed for ban             |   | Alimony /<br>Maintenance   | \$2,900.00  |  |   |
|    | or last caler<br>anuary 1 to   | ndar year:<br>December 3                   | 1, 2015 )   | Alimony /<br>Maintenance   | \$6,700.00  |  |   |
|    |                                | dar year befo<br>December 3                |   | Alimony /<br>Maintenance   | \$3,600.00  |  |   |
| Pa | rt 3: Lis                      | t Certain Pay                              | ments You   | Made Before You Filed for  | Bankruptcv  |  |   |
| 6. |                                | r Debtor 1's<br>Neither De                 | or Debtor 2<br>btor 1 nor D                           | 's debts primarily consume                                       | r debts?<br>umer debts. Consumer debt                             | s are defined in 11 U.S.C. § 10                                    | 01(8) as "incurred by an                              |
|    |                                | During the                                 | 90 days befo  | ore you filed for bankruptcy, di                                 | id you pay any creditor a tota                                    | I of \$6,425* or more?   |   |
|    |                                | □ No.                                      | Go to line 7  |  |   |  |   |
|    |                                | ☐ Yes                                      | paid that cr  | editor. Do not include paymer<br>payments to an attorney for the | nts for domestic support oblig<br>his bankruptcy case.            | n one or more payments and a<br>pations, such as child support a   | and alimony. Also, do                                 |
|    |                                | * Subject to                               | o adjustmen   | t on 4/01/19 and every 3 year                                    | s after that for cases filed on                                   | or after the date of adjustmen                                     | t.  |
|    | Yes.                           |  |   | or both have primarily consumer you filed for bankruptcy, di     |   | I of \$600 or more?  |   |
|    |                                | ■ No.                                      | Go to line 7  |  |   |  |   |
|    |                                | □ Yes                                      | List below e  | each creditor to whom you pai                                    |   | d the total amount you paid that<br>port and alimony. Also, do not |   |

attorney for this bankruptcy case.

Case 16-29796 Doc 1 Filed 09/19/16 Entered 09/19/16 15:39:12 Desc Main Document Page 41 of 59 Debtor 1 Luba Manos Case number (if known) Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ■ No ☐ Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Reason for this payment Amount you paid still owe 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Nο ☐ Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number Bruce J. Manos v. Luba Manos Dissolution of **Circuit Court of Lake** □ Pendina 12D2412 Marriage County □ On appeal Waukegan, IL Concluded JP Morgan Chase v. Bruce Manos **Foreclosure Circuit Court Lake County** Pending et. al. Waukegan, IL □ On appeal 12CH5710 □ Concluded Cavalry v. Luba Manos collection **Circuit Court Lake County** Pending 16AR261 301 S. Greenleaf □ On appeal Park City, IL □ Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

☐ Yes. Fill in the information below.

Creditor Name and Address

Describe the Property

Explain what happened

Date

Value of the property

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707 Lake Cook Road, Suite 312 Deerfield, IL 60015

**Email or website address** 

Rogers Law Group

bankruptcy@therogerslawgroup.com

Person Who Made the Payment, if Not You

transferred

or transfer was made

payment

Attorney Fees plus filing fee and cost of credit report

\$1,408,00

**Address** 

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| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No   | s or to make payments   |   |   | or transfer any prope                                   | rty to anyone who                             |
|-----|---|---|---|---|---|---|
|     | Yes. Fill in the details.  Person Who Was Paid  | Description and v   | value of any pro                                  | nertv                                     | Date payment  | Amount of                                     |
|     | Address   | transferred   | and or any pro                                    | porty                                     | or transfer was made                                    | payment                                       |
| 18. | Within 2 years before you filed for bankrupto transferred in the ordinary course of your bu Include both outright transfers and transfers mainclude gifts and transfers that you have already No  Yes. Fill in the details. | siness or financial affa<br>de as security (such as t           | nirs?<br>he granting of a                         |   |   |   |
|     | Person Who Received Transfer<br>Address   | Description and v<br>property transfer                          |   |   | any property or<br>s received or debts<br>schange       | Date transfer was made                        |
|     | Person's relationship to you Bruce Manos  | Debtor transfer<br>BMW to former<br>divorce judgme<br>28, 2014. | husband per                                       |   |   |   |
|     | Bruce Manos   | 32' 1969 Pearso   | n Sailboat  | Interest<br>transfer<br>ex-husb<br>decree |   | 6/2015  |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot No ☐ Yes. Fill in the details.  |   | y property to a                                   | self-settled tr                           | rust or similar device                                  | of which you are a                            |
|     | Name of trust   | Description and v   | Description and value of the property transferred |   |   | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, Inst   | truments, Safe Deposit  | Boxes, and Sto                                    | orage Units                               |   |   |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associ ■ No □ Yes. Fill in the details.                         | other financial accou   | nts; certificates                                 | of deposit; s                             |   |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                                 | Type of account instrument                        | cl<br>m                                   | ate account was<br>osed, sold,<br>oved, or<br>ansferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?   | ear before you filed for  | bankruptcy, an                                    | y safe depos                              | it box or other depos                                   | itory for securities,                         |
|     | Yes. Fill in the details.  Name of Financial Institution  | Who else had acc  | ess to it?  | Describe the                              | contents  | Do you still                                  |
|     | Address (Number, Street, City, State and ZIP Code)  | Address (Number, S<br>State and ZIP Code)                       |   | _ 555.185 1116                            |   | have it?                                      |

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Case number (if known)

| 22. | Hav          | e you stored property in a storage unit or pla   | ace other than your home within 1  | lyea   | ar before you filed for bankruptcy  | ?                     |  |  |  |
|-----|--------------|--|--|--------|-------------------------------------|-----------------------|--|--|--|
|     |              | No   | •  |        | , , ,                               |                       |  |  |  |
|     |              | Yes. Fill in the details.  |  |        |                                     |                       |  |  |  |
|     |              | me of Storage Facility dress (Number, Street, City, State and ZIP Code)  | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | De     | escribe the contents                | Do you still have it? |  |  |  |
| Par | t 9:         | Identify Property You Hold or Control for S  | Someone Else   |        |                                     |                       |  |  |  |
| 23. |              | you hold or control any property that someon someone.  | ne else owns? Include any proper   | rty y  | ou borrowed from, are storing for   | , or hold in trust    |  |  |  |
|     |              | No<br>Yes. Fill in the details.  |  |        |                                     |                       |  |  |  |
|     |              | rner's Name<br>dress (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)              | De     | escribe the property                | Value                 |  |  |  |
| Par | t 10:        | Give Details About Environmental Informa   | ation  |        |                                     |                       |  |  |  |
| For | the p        | ourpose of Part 10, the following definitions a  | apply:   |        |                                     |                       |  |  |  |
|     | toxi         | rironmental law means any federal, state, or l<br>c substances, wastes, or material into the ai<br>ulations controlling the cleanup of these sub                                       | r, land, soil, surface water, ground   | _      | •                                   |                       |  |  |  |
|     | Site<br>to o | means any location, facility, or property as own, operate, or utilize it, including disposal stardous material means anything an environrardous material, pollutant, contaminant, or s | defined under any environmental<br>sites.<br>nental law defines as a hazardous       |        |                                     |                       |  |  |  |
| Rep | ort a        | Il notices, releases, and proceedings that yo  | u know about, regardless of wher   | n th   | ey occurred.                        |                       |  |  |  |
| 24. | Has          | any governmental unit notified you that you  | may be liable or potentially liable  | un     | der or in violation of an environme | ental law?            |  |  |  |
|     |              | No   |  |        |                                     |                       |  |  |  |
|     |              | Yes. Fill in the details. me of site dress (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State an                            | d      | Environmental law, if you know it   | Date of notice        |  |  |  |
| 25  | Нам          | e you notified any governmental unit of any  | ZIP Code)  |        |                                     |                       |  |  |  |
| 2.  | II av        | No   | release of flazardous fliaterial:  |        |                                     |                       |  |  |  |
|     | □<br>No      | Yes. Fill in the details.<br>me of site  | Governmental unit  |        | Environmental law if you            | Date of notice        |  |  |  |
|     |              | dress (Number, Street, City, State and ZIP Code)   | Address (Number, Street, City, State an ZIP Code)                                    | d      | Environmental law, if you know it   | Date of Hotice        |  |  |  |
| 26. | Hav          | e you been a party in any judicial or adminis  | trative proceeding under any envi  | iron   | nmental law? Include settlements a  | and orders.           |  |  |  |
|     |              | No<br>Yes. Fill in the details.  |  |        |                                     |                       |  |  |  |
|     |              | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)              | Na     | ature of the case                   | Status of the case    |  |  |  |
| Par | t 11:        | Give Details About Your Business or Conr   | nections to Any Business   |        |                                     |                       |  |  |  |
| 27. | Wit          | nin 4 years before you filed for bankruptcy, d   | lid you own a business or have ar  | ny o   | of the following connections to any | business?             |  |  |  |
|     |              | ☐ A sole proprietor or self-employed in a tr   | rade, profession, or other activity,   | , eitl | her full-time or part-time          |                       |  |  |  |
|     |              | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |        |                                     |                       |  |  |  |

Case 16-29796 Doc 1 Filed 09/19/16 Entered 09/19/16 15:39:12 Document Page 45 of 59 Case number (if known) Debtor 1 **Luba Manos** ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: Luba Fine Art Photography **Photographer** 484 Fairfax Lane. From-To 2003-2013 Grayslake, IL 60030 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Luba Manos Signature of Debtor 2 **Luba Manos** Signature of Debtor 1 Date September 19, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ☐ Yes

■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform                                | mation to identify your                          | case:                 |                                |  |   |
|--|--|-----------------------|--------------------------------|--|---|
| Debtor 1   | Luba Manos                                       |                       |                                |  |   |
|  | First Name                                       | Middle Name           | La                             | st Name  |   |
| Debtor 2<br>(Spouse if, filing)                    | First Name                                       | Middle Name           | La                             | st Name  |   |
| United States Ba                                   | ankruptcy Court for the:                         | NORTHERN DIS          | TRICT OF ILLING                | DIS  |   |
| Casa sumbar  |  |                       |                                |  |   |
| Case number<br>(if known)                          |  |                       |                                |  | ☐ Check if this is an amended filing                |
| Official Fo  | orm 108  |                       |                                |  |   |
| <u>Statemer</u>                                    | nt of Intentio                                   | n for Indiv           | /iduals F                      | iling Under Chapte   | r 7 12/15   |
| If you are an indi                                 | ividual filing under cha                         | pter 7, you must fi   | II out this form if            | :  |   |
|  | e claims secured by yo                           | -                     |                                |  |   |
| You must file thi                                  | ever is earlier, unless th                       | ithin 30 days after   | you file your ba               | nkruptcy petition or by the date set<br>. You must also send copies to the |   |
|  | eople are filing together                        | r in a joint case, bo | oth are equally re             | esponsible for supplying correct in  | formation. Both debtors must                        |
| J  |  | ole If more space i   | s needed attach                | a separate sheet to this form. On t  | he ton of any additional names                      |
|  | our name and case nur                            |                       | s needed, allach               | a separate sneet to this form. On t  | ne top of any additional pages,                     |
| Part 1: List Yo                                    | our Creditors Who Have                           | a Sacurad Claims      |                                |  |   |
|  |  |                       |                                |  |   |
| <ol> <li>For any credite information be</li> </ol> |  | art 1 of Schedule D   | ): Creditors Who               | Have Claims Secured by Property  | (Official Form 106D), fill in the                   |
|  | editor and the property t                        | hat is collateral     | What do you i<br>secures a deb | intend to do with the property that ot?                                    | Did you claim the property as exempt on Schedule C? |
| Creditor's A                                       | .meriCredit/GM Fina                              | noial                 | П О                            | h a consequents  | П.N.  |
| name:  | illericredit/Givi Filiai                         | iciai                 | ☐ Surrender t                  | ne property. property and redeem it.                                       | □ No  |
| Description of                                     | 2012 Nicean Centr                                | o SD 70 000           | Retain the                     | property and enter into a  | ■ Yes   |
|  | 2012 Nissan Sentr                                | a SK 78,000           |                                | ion Agreement.   |   |
| property<br>securing debt:                         | value per Kelley B                               |                       | ☐ Retain the p                 | property and [explain]:  |   |
| 3  | private party excel                              | lent condition        |                                |  | _   |
| Creditor's C                                       | Chana Martaga                                    |                       | _                              |  |   |
| name:  | Chase Mortgage                                   |                       | Surrender t                    |  | □ No  |
| name.  |  |                       |                                | property and redeem it. property and enter into a                          | ■ Yes   |
| Description of                                     |  |                       |                                | ion Agreement.   |   |
| property<br>securing debt:                         | 60030 Lake Count<br>PIN: 06-22-201-050<br>zillow |                       | ☐ Retain the p                 | oroperty and [explain]:  | _   |
| Creditor's C                                       | Citimortgage Inc                                 |                       |                                |  | ΠNa   |
| name:  | numortyaye mc                                    |                       | Surrender t                    |  | □ No  |
| name.  |  |                       |                                | property and redeem it. property and enter into a                          | ■ Yes   |
| Description of                                     | 484 Fairfax Lane G                               | rayslake, IL          |                                | ion Agreement.   |   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 <u>Luba Manos</u> |  | Manos  | Case number (if known)   |                                   |  |  |
|----------------------------|--|--|--|-----------------------------------|--|--|
|                            | oroperty<br>securing debt:                   | 60030 Lake County<br>PIN: 06-22-201-050; value per<br>zillow                                   | ☐ Retain the property and [explain]:   | _                                 |  |  |
|                            | Creditor's <b>La</b>                         | ake Couny Collector  | <ul><li>Surrender the property.</li><li>Retain the property and redeem it.</li></ul>   | □ No                              |  |  |
| F                          | Description of<br>property<br>securing debt: | 484 Fairfax Lane Grayslake, IL<br>60030 Lake County<br>PIN: 06-22-201-050; value per<br>zillow | <ul> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>                                    | ■ Yes                             |  |  |
| For<br>in tl               | any unexpire he information                  | n below. Do not list real estate leases. U   | s d in Schedule G: Executory Contracts and Unexpire Inexpired leases are leases that are still in effect; the f the trustee does not assume it. 11 U.S.C. § 365(p)(2 | e lease period has not yet ended. |  |  |
|                            | -  | nexpired personal property leases  | The trustee does not assume π. 11 0.0.0. 3 000(μ)(2  | Will the lease be assumed?        |  |  |
| Les                        | ssor's name:                                 |  |  | □ No                              |  |  |
|                            | scription of lea<br>operty:                  | sed  |  | ☐ Yes                             |  |  |
| Les                        | ssor's name:                                 |  |  | □ No                              |  |  |
|                            | scription of lea<br>operty:                  | sed  |  | ☐ Yes                             |  |  |
|                            | ssor's name:                                 |  |  | □ No                              |  |  |
|                            | scription of lea<br>operty:                  | sed  |  | ☐ Yes                             |  |  |
|                            | ssor's name:                                 |  |  | □ No                              |  |  |
|                            | scription of lea<br>operty:                  | sed  |  | ☐ Yes                             |  |  |
|                            | ssor's name:                                 |  |  | □ No                              |  |  |
|                            | scription of lea<br>operty:                  | sed  |  | ☐ Yes                             |  |  |
|                            | ssor's name:                                 |  |  | □ No                              |  |  |
|                            | scription of lea<br>operty:                  | sea  |  | ☐ Yes                             |  |  |
|                            | ssor's name:<br>scription of lea             | aad  |  | □ No                              |  |  |
|                            | pperty:                                      | seu  |  | ☐ Yes                             |  |  |
| Unc                        |  |  | ny intention about any property of my estate that se   | cures a debt and any personal     |  |  |
| pro <sub>l</sub>           | s/ Luba M                                    | •  | X  |                                   |  |  |
| ^                          | Luba Mane<br>Signature of                    | os   | Signature of Debtor 2  |                                   |  |  |
|                            | Date Se                                      | eptember 19, 2016  | Date   |                                   |  |  |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Luba Manos Case number (if known)

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| ( | Chapter 7: | Liquidation        |
|---|------------|--------------------|
|   | \$245      | filing fee         |
|   | \$75       | administrative fee |
| 4 | + \$15     | trustee surcharge  |
|   | \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-29796 Doc 1 Filed 09/19/16 Entered 09/19/16 15:39:12 Desc Main Document Page 53 of 59

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re          | Luba Manos   |   | Case N  | lo.                                   |                      |
|----------------|--|---|---|---------------------------------------|----------------------|
|                |  | Debtor(s)   | Chapte  |                                       |                      |
|                | DISCLOSURE OF COMPI  | ENSATION OF ATTO  | RNEY FOR  | DEBTOR(S)                             |                      |
| C              | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filbe rendered on behalf of the debtor(s) in contemplation  | ing of the petition in bankruptcy   | , or agreed to be p                                     | aid to me, for servi                  |                      |
|                | For legal services, I have agreed to accept  |   | \$  | 1,030.00                              |                      |
|                | Prior to the filing of this statement I have received  |   |   | 1,030.00                              |                      |
|                | Balance Due  |   |   | 0.00                                  |                      |
| 2. 7           | The source of the compensation paid to me was:   |   |   |                                       |                      |
|                | ■ Debtor □ Other (specify):  |   |   |                                       |                      |
| 3.             | The source of compensation to be paid to me is:  |   |   |                                       |                      |
|                | ■ Debtor □ Other (specify):  |   |   |                                       |                      |
| 4.             | ■ I have not agreed to share the above-disclosed com   | npensation with any other person  | unless they are m                                       | embers and associa                    | ntes of my law firm. |
|                | ☐ I have agreed to share the above-disclosed compent copy of the agreement, together with a list of the n  |   |   |                                       | my law firm. A       |
| 5.             | In return for the above-disclosed fee, I have agreed to  | render legal service for all aspec  | ts of the bankrupto                                     | cy case, including:                   |                      |
| t<br>c         | <ul> <li>a. Analysis of the debtor's financial situation, and render.</li> <li>b. Preparation and filing of any petition, schedules, state.</li> <li>c. Representation of the debtor at the meeting of credit d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors of the secured creditors to reaffirmation agreements and applications.</li> </ul> | atement of affairs and plan which<br>itors and confirmation hearing, a<br>reduce to market value; ex<br>ions as needed; preparation | h may be required<br>nd any adjourned<br>emption planni | ; hearings thereof; ng; preparation a | and filing of        |
| 5. I           | By agreement with the debtor(s), the above-disclosed f Representation of the debtors in any d any other adversary proceeding.  | fee does not include the following  |   | nces, relief from                     | ı stay actions or    |
|                |  | CERTIFICATION   |   |                                       |                      |
| I<br>this b    | I certify that the foregoing is a complete statement of a cankruptcy proceeding.   | any agreement or arrangement fo   | r payment to me for                                     | or representation of                  | the debtor(s) in     |
| S              | eptember 19, 2016  | /s/ Rick Rogers   |   |                                       |                      |
| $\overline{D}$ | Pate   | Rick Rogers 619   |   |                                       |                      |
|                |  | Signature of Attorn Rogers Law Gro  |   |                                       |                      |
|                |  | 707 Lake Cook R   | Road, Suite 312   |                                       |                      |
|                |  | Deerfield, IL 600   |   |                                       |                      |
|                |  | 847-607-8570 Fa<br>bankruptcy@the   |   | n com                                 |                      |
|                |  | Name of law firm  | . ogci siawgi ouj                                       | J.JOIII                               |                      |

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#### United States Bankruptcy Court Northern District of Illinois

| In re | Luba Manos                                |  | Case No.           |                           |
|-------|---|--|--------------------|---------------------------|
|       |   | Debtor(s)                                | Chapter            | 7                         |
|       | VI  | ERIFICATION OF CREDITOR M                | <b>MATRIX</b>      |                           |
|       |   | Number of Creditors: 43                  |                    |                           |
|       | The above-named Debtor(s (our) knowledge. | ) hereby verifies that the list of credi | tors is true and o | correct to the best of my |
|       |   |  |                    |                           |

Aloha Construction 477 E. Rt. 22 Lake Zurich, IL 60047

AmeriCredit/GM Financial Po Box 183583 Arlington, TX 76096

Anselmo Lindberg Oliver 1771 W. Diehl Rd. Suite 120 Naperville, IL 60563

Athletico 709 Enterprise Drive Oak Brook, IL 60523

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Best Buy P.O. Box 688910 Des Moines, IA 50368

Best Buy P.O. Box 17298 Baltimore, MD 21297

Blatt Hasenmiller Liebsker & Moore 10 South LaSalle Street Suite 220 Chicago, IL 60603

Blitt and Gaines 661 Glenn Avenue Wheeling, IL 60090

Bruce Manos

Bruce Manos

Calvary Portfolio Services 500 Summit Lake Dr Ste 400 Valhalla, NY 10595

Cap1/carsn

Certified Services Inc Po Box 177 Waukegan, IL 60079

Certified Services Inc Po Box 177 Waukegan, IL 60079

Chase Crad Services Po Box 15298 Wilmington, DE 19050

Chase Home Finance LLC 3415 Vision Drive Dept. G-7 Columbus, OH 43219

Chase Home Finance LLC Bankr. Dept. Mail Code TX1-2301 2901 Kinwest Parkway Irving, TX 75063-5816

Chase Mortgage P.o. Box 24696 Columbus, OH 43224

Citibank Centralized Bankruptcy P.O. Box 20507 Kansas City, MO 64195

Citimortgage Inc Attn: Bankruptcy Po Box 6423 Sioux Falls, SD 57117 Citimortgage Inc. attn BK Dept. P.O. Box 790022 Saint Louis, MO 63179-0022

Citimortgage Legal Department 4000 Regent Blvd. Irving, TX 75063

Citimortgage, Inc. 1000 Technology Drive O Fallon, MO 63368-2240

Comenity Bank/Ann Taylor Po Box 182125 Columbus, OH 43218

Credit Collection Services 2 Wells Avenue Newton, MA 02459

Gm Financial Po Box 181145 Arlington, TX 76096

GMAC Financial Services P.O. Box 9001951 Louisville, KY 40290-1951

HSBC BSBUY P.O. Box 15524 Wilmington, DE 19850

JCPenney Customer Service P.P. Box 981131 El Paso, TX 79998-1131

Joel Cardis LLC 2006 Swede Rd Ste 100 Norristown, PA 19401

JP Morgan Chase P.O. Box 659754 San Antonio, TX 78265 Lake Couny Collector 18 N. County Street Suite 102 Waukegan, IL 60085

Liberty Mutual 100 Liberty Way Dover, NH 03820

Liberty Roofing and Siding 1901 N. Roselle Rd. Suite 800 Schaumburg, IL 60195

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Nation Star Mortgage P.O Box 199400 Dallas, TX 75219

Northwestern Medical Faculty Found 38693 Eagle Way Chicago, IL 60678

Pier One Imports POB 12914 Norfolk, VA 23541

Portfolio Recovery Attn: Bankruptcy Po Box 41067 Norfolk, VA 23541

Raymond Kloss 505 E. Hawley St. Ste 130 Mundelein, IL 60060

Sam Azarian & Sons 726 Water St Racine, WI 53403 United Recovery Systems 5800 North Coarse Drive Houston, TX 77072